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FILED
Mar 26, 1999 8:00 am
Secretary of State

03-26-1999 90039 050 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # K47432

1. Corporation Name

A M AUTO SERVICE & BELLES' A/C, INC.

Principal Place of Business

~~3150 NW 17TH ST~~
~~BAY 11~~
~~FT LAUDERDALE FL 33311~~
~~US~~

Mailing Address

~~3150 NW 17TH ST~~
~~BAY 11~~
~~FT LAUDERDALE FL 33311~~
~~US~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/28/1988

4. FEI Number

65-0087769

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 ~~4131 W. HALLANDALE BLVD~~ Beach

Suite, Apt. #, etc.

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23 City & State ~~Holly wood, FL.~~

24 Zip ~~33023~~ Country ~~USA~~

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2a. Mailing Address

26 ~~SAME~~

Suite, Apt. #, etc.

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28 City & State

29 Zip Country

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9. Name and Address of Current Registered Agent

MONDI, ROSARIO T.
~~3601 N.W. 19TH ST., BLDG #3~~
~~LAUDERDALE LAKES FL 33311~~

10. Name and Address of New Registered Agent

81 Name ~~ROSARIO T. MONDI~~
82 Street Address (P.O. Box Number is Not Acceptable)
~~4131 W. HALLANDALE BEACH BLVD~~
83
84 City ~~Holly wood~~ FL 85 Zip Code ~~33023~~

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE ~~Rosario T. Mond~~ DATE ~~3/26/99~~

Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE 1.1 TITLE ☒ Change ☐ Addition

NAME MONDI, ROSARIO T. 1.2 NAME

STREET ADDRESS ~~3150 NW 17TH ST BAY 11~~ 1.3 STREET ADDRESS ~~4131 W. HALLANDALE BEACH BLVD~~

CITY-ST-ZIP ~~FT LAUDERDALE FL~~ 1.4 CITY-ST-ZIP ~~Holly wood, FL 33023~~

TITLE ☐ DELETE 2.1 TITLE ☐ Change ☐ Addition

NAME 2.2 NAME

STREET ADDRESS 2.3 STREET ADDRESS

CITY-ST-ZIP 2.4 CITY-ST-ZIP

TITLE ☐ DELETE 3.1 TITLE ☐ Change ☐ Addition

NAME 3.2 NAME

STREET ADDRESS 3.3 STREET ADDRESS

CITY-ST-ZIP 3.4 CITY-ST-ZIP

TITLE ☐ DELETE 4.1 TITLE ☐ Change ☐ Addition

NAME 4.2 NAME

STREET ADDRESS 4.3 STREET ADDRESS

CITY-ST-ZIP 4.4 CITY-ST-ZIP

TITLE ☐ DELETE 5.1 TITLE ☐ Change ☐ Addition

NAME 5.2 NAME

STREET ADDRESS 5.3 STREET ADDRESS

CITY-ST-ZIP 5.4 CITY-ST-ZIP

TITLE ☐ DELETE 6.1 TITLE ☐ Change ☐ Addition

NAME 6.2 NAME

STREET ADDRESS 6.3 STREET ADDRESS

CITY-ST-ZIP 6.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: ~~Rosario T. Mond~~ DATE: ~~3/26/99~~ (954) 739-2153

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (11/98)