FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT **CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # L22133

LA CAR	IDAD AUTO SALES, INC.						
					# 100ki 0ki 0ki 0ki 110ki 110ki 1100ki 1100	AN BLOK BIBN BLOK	418 (1.818)) (8.81
							RIBN RIBN YARI
Principal Plac	e of Business	Mailing Address			T INDEPENDE DEN TENDE FENDE BEIDE BE	INTERNATION (NOTE NEEDE)	
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3661 N.W. 27 AVENUE 3661 NW 27 AV MIAMI FL 33142 MIAMI FL 33142		3661 NW 27 AVENUE					
US	**	US US			DO NOT WRITE IN T	HIS SPACE	•
00		00			3. Date Incorporated or Qualifed		
	• ;				10/11/1989		
2. Principal F	Place of Business	2a. Mailing Address			4. FEI Number		pplied For
21		26			65-0163748	1 1 1 7	ot Applicable
Suite, Apt.	# etc	Suite, Apt. #, etc.			00 0 1037 40		Additional
					5. Certificate of Status Desired	Fee R	
22 City & Sta	te	City & State			6.51		
— ·		⊢ ·			6. Election Campaign Financing		May Be to Fees
23 Zin	Country	28 Tip	Cou	ntn.	Trust rung Contribution		to rees
Zip	Country	Zip		io y	8. This corporation owes the current year	r Intangible ☐Yes	ПМо
24	25	29	30		Personal Property Tax.		□No
	9. Name and Address of Current	Registered Agent		81 Name	10. Name and Address of New Register	ea Agent	
ENIC	NOUE LOBE?			Name	• , • ,		ł
ENRIQUE:LOPEZ 3		•	82 Street Addr	ress (P.O. Box Number is Not Acceptable)	1		
						Part M. Stage Commen	
MIAL	LEAH FL 33012			83		高級關門	對性質
		• [-	84 City		85 Zip	Code
			i	City		=L °3 210	Code
SIGNATURE	Signature, typed or printed name of registered agent	-					
12.				Agent signature require	od when reinstating) (OATE		
	OFFICERS AND	DIRECTORS	13.		ad when reinstating) \(\frac{1}{2} \) \(AND DIRECTO	
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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 on 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 chapged, or on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

FILED

Jan 26, 1999 8:00am

Secretary of State

01-26-1999 90044 022 ***150.00

305-635-7933