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

Mailing Address

DAVIE FL 33314

4650:SW:51:STREET

2a. Mailing Address

Suite, Apt. #, etc.

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # L27711 1. Corporation Name

Principal Place of Business

2. Principal Place of Business

Suite, Apt. #, etc.

4650_SW_51_STREET____

DAVIE FL 33314

N&A AUTO DETAIL & AUTO EMPORIUM, INC.

[2]		27] 5	5. Certifcate of S	tatus Desired			equired
City & St	ate	City & State				Election Comm	nina Financia	·		<u> </u>
3[·	28			'	Election Camp Trust Fund Co				May Be
Zip □	Country	Zip	Count	гу				<u> </u>	Added	to Fees
4	25	29	30	-	· [•	Personal Prop	on owes the curre	nt year In		
	9. Name and Address of Current	Registered Agent			10		dress of New Re		_ ∐ Yes	□No
			8	1 Na	ame	. Ivallie alic Au	dress of New Re	gistered	Agent	
MA.	TOS, JUAN M.	tool area								
4650 SW 51 STREET 10 10 10 10 10 10 10 10 10 10 10 10 10			82	2 Str	treet Address (ddress (P.O. Box Number is Not Acceptable)				
#7	, -		83	2	 .			3 200 CO 1 2	Mere gradu galegy	tigar gigar barr
. DAV	/IE FL 33314		١٠	۱			16年時間			
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11. Pursuan	to the provisions of Sections 507 0500							FL	_ •	
office or	to the provisions of Sections 607.0502 registered agent, or both, in the State of am familiar with, and accept the obligatio	Florida. Such change was	ites; the abov	the c	med corporatio	n submits this st	atement for the p	urpose of	changing its	registered-
agent. 1	am familiar with, and accept the obligation	ns of, Section 607.0505, Flo	orida Statutes	S.	corporations p	oard or directors.	I hereby accept	the appoi	ntment as rec	gistered
SIGNATURE	Si-									
2,	Signature, typed or printed name of registered agent a		E: Registered Age	ınt signat	ature required when i	reinstating)		DATE	•	 _
TLE	OFFICERS AND		13.			ADDITIONS/CHA	NGES TO OFFI		D DIRECTO	RS IN 12
AME	MATOS, JUAN M.	□ DELETE	1.1 TITLE					.	☐ Change	Addition
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Æ	NEW STREET, OF SHIPT OF	☐ DELETE	6.1 TITLE				1.00	1	Change	Addition
_	1.492.99		6.2 NAME					,		
EETADORESS	1 - 2 - 3 - 4		6.3 STREET A	ADDRESS	SS	•				İ
-ST-ZIP	<u> </u>		6.4 CITY-ST-	ZIP						
I nereby ce indicated o	rtify that the information supplied with the introduction this annual report or supplemental annual rector of the corporation	s filing does not qualify for t	the exemptio	n state	ted in Section	119.07(3)(i) Flori	da Statutos 1 file	hor code	that the let	
officer or di	n this annual report or supplemental anni rector of the corporation or the receiver of	ual report is true and accura	ate and that r	my sig	gnature shall h	ave the same leg	al effect as if ma	de under	/ mai the info	rmation m an
Block 12 or	rector of the corporation or the receiver of Block 13 if changed; or or an attachmen	nt with an address, with all	other like em	port as power	s required by C red.	hapter 607, Flo	rida Statutes; and	that my	name appear	s in

FILED Feb 06, 1999 8:00am

Secretary of State												
02-06-1999 90010 010 *****150.00												
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DO NOT WRITE IN THIS 3. Date Incorporated or Qualifed	SPACE											
11/06/1989 4. FEI Number	·											
65-0153077	Applied F											
5. Certificate of Status Desired	\$8.75 Addition	nal										
6. Election Campaign Financing	\$5.00 May B	le										
Trust Fund Contribution Added to Fees 8. This corporation owes the current year Intangible												
Personal Property Tax.	∐Yes ∐No											
0. Name and Address of New Registered A	gent	_										
(P.O. Box Number is Not Acceptable)												
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FL	85 Zip Code											
ion submits this statement for the purpose of cl board of directors. I hereby accept the appoint	nanging its registered	red										
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n reinstating) DATE	·]										
ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS IN	· ,										
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