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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name

L33087

(2)

LASAN AUTO CORPORATION

FILED Jan 23 1998 8:00am Secretary of State

Principal Plac	ce of Business	Mailing Address			i seelisen oso teide sitist delet iärie i	1981 21811 81811 81811 21811 81811 81811 1281
200 N.W. 27TH AVENUE 200 N.W. 27TH AVENUI MIAMI FL 33125 MIAMI FL 33125			JE			
MINMI PL S	N143	MIRMI FE 33123			DO NOT WRITE	IN THIS SPACE
					 Date Incorporated or Qualified 12/01/1989 	
· ·	Place of Businoss	2a. Mailing Address			4. FEI Number	Applied For
21		26			65-0180244	Not Applicable
		Suite, Apt. #, etc.	. #, elc.		5. Certificate of Status Desired	\$8.75 Additional
22 27 City & State		City & State	City & State			Fee Required
├ ─ ¬ '		28	¬ '		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Coun	try	8. This corporation owes or has pa	
24	25	29	30		Personal Property Tax due June	· · - · - · - · - · - · · - ·
	9. Name and Address of Currer	nt Registered Agent			10. Name and Address of New Re	gistered Agent
	HOSVANY, SANTANA		18	1 Name		ĺ
7325 SW 101 CT			18	2 Street Add	ress (P.O. Box Number is Not Acceptab	ole)
Į N	MAMI FL 33173		Ļ			
			*	3		
			8	4 City		FL 85 Zip Code
11 Pureuant	to the provisions of Sections 607.050	12 and 607 1508. Elorida Statu	tes the abo	we-named core	poration submits this statement for the p	
office or r	registered agent, or both, in the State am familiar with, and accept the obliga-	of Horida, Such change was	authorized	by the corporat	tion's board of directors. I hereby accep	of the appointment as registered
	am ramiliar with, and accept the obliga	ations of, Section 607.0505, F	iorida Statui	es.		· ·
SIGNATURE	Signature, typed or printed name of registered ago	ent and trite if applicable (NO	If: Registered A	gent signature requi	rod when reinstating)	DATE
12.	OFFICERS AN	D DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC	CERS AND DIRECTORS IN 12
TITLE	P	☐ DELETE	1.1 TITLI			Change Addition
NAME	• • • • • • • • • • • • • • • • • • • •		1.2 NAM	E		
STREET ADDRESS			1.3 STRE	ET ADDRESS		ļ
CITY-ST-ZIP	MIAMI FL VPS			-ST-ZIP		Change Addition
TITLE NAME	MAYELIN, SANTANA					Change L_ Addition
STREET ADDRESS	7000 DIM 404 DT		2.2 NAM	ET ADDRESS		
CITY-ST-ZIP	MIAMI FL			-ST-ZIP		
TITLE		DELETE	3.1 TITLE			Change Addition
NAME			3.2 NAM	£)		
STREET ADDRESS			3 3 STRE	ET ADDRESS		
CITY-ST-ZIP			3.4. CITY	-ST-ZIP		
TITLE		☐ DELETE	4.1 T)TLE			Change Addition
NAME			4. 2 NAN	IE		
STREET ADDRESS			4.3 S1RE	E1 ADDRESS		
CITY-ST-ZIP		DELETE	4.4 CITY			Chan-
TITLE		☐ DELETE	5.1 TITLE	J		Change Addition
NAME STOCET ADDRESS	•		5.2 NAM			
STREET ADDRESS				ET ADDRESS		
CITY-ST-ZIP TITLE		☐ DELETE	5.4 City 6.1 Title			Change Addition
NAME			6.2 NAM	}		<u></u> y-
STREET ADDRESS				ET ADDRESS		
CITY-ST-ZIP			6.4 CITY			
	portific that the information complied w	ith this files does not sugliful			Section 119 07(2)(i) Florida Statutas L	further codify that the information

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 suppliemental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; 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.

SIGNATURE:

Paulin Santane W.F.

1/12/98

(205)649-0310