

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **L39147** (8)

1. Corporation Name

GRAND MIAMI AUTO AUCTION CORP.



Principal Place of Business

Mailing Address

% MANUEL G. VIDAL
6010 N.W. 77TH COURT
MIAMI FL 33166

% MANUEL G. VIDAL
6010 N.W. 77TH COURT
MIAMI FL 33166

3. Date Incorporated or Qualified
12/29/1989

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

65-0201252

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

☐ **\$8.75 Additional
Fee Required**

City & State

City & State

6. Election Campaign Financing
Trust Fund Contribution

☐ **\$5.00 May Be
Added to Fees**

Zip

Country

Zip

Country

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

VIDAL, MANUEL G.
6010 N.W. 77TH COURT
MIAMI FL 33166

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City

FL 85. Zip Code

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

Signature, type or print name of registered agent (if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME: **PD
VIDAL, MANUEL G.**
STREET ADDRESS: **6010 NW 77TH CT.**
CITY-ST-ZIP: **MIAMI FL**

TITLE ☐ DELETE

NAME: **VD
LOSADA, JORGE**
STREET ADDRESS: **6000 NW 77TH CT.**
CITY-ST-ZIP: **MIAMI FL**

TITLE ☐ DELETE

NAME: **VST
VIDAL, JOSE M.**
STREET ADDRESS: **72 PINECREST DRIVE**
CITY-ST-ZIP: **MIAMI SPRINGS FL**

TITLE ☐ DELETE

NAME: **D
VIDAL, JOSE M.**
STREET ADDRESS: **72 PINECREST DRIVE**
CITY-ST-ZIP: **MIAMI SPRINGS FL**

TITLE ☐ DELETE

NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE ☐ DELETE

NAME:
STREET ADDRESS:
CITY-ST-ZIP:

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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, on an attachment with an address).

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Manuel G. Vidal

2/29/96 315 471 0678

Date

Daytime Phone #

CR2E034 (12/95)