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 # L55304

1. Corporation Name

MARABELLA AUTOMOTIVE CORPORATION

Principal Plac			ling Address							
5895 NW 167 \$ MIAMI FL 3313	=		NW 167 ST						-	
US	0	US	AI FL 33130				DO NOT WE	RITE IN THIS	SPACE	
		-					3. Date Incorporated or Qualife 03/07/1990			
2 Principal P	Place of Business	2a N	Mailing Address				4. FEI Number		1 1	pplied For
21	1200 01 22011000	26	Tidaling / tadiooo				65-0249395			ot Applicable
Suite, Apt.	#. etc.		Suite, Apt. #, etc.				00 02 10000			Additional
22	,	27					5. Certifcate of Status Desired			equired
City & Stat	e		City & State				6. Election Campaign Financing	1 _	\$5.00	May Be
23		28	•				Trust Fund Contribution	' _□		to Fees
Zip	Country		Zip	Coun	ntry		8. This corporation owes the cu	rrent year Int	angible	
24	25	29		30	·		Personal Property Tax.		Yes	□No
	9. Name and Address of Cui		red Agent	1001			10. Name and Address of New	Registered	Agent	· · · · · · · · · · · · · · · · · · ·
					81	Name			_	
	EVE, JERONIMO M.				-	04	(0.0.0	4-61-5		
5895	5 NW 167 ST			[82	Street Addres	ss (P.O. Box Number is Not Accep	table)		
MIA!	MI FL 33015			ļ.	83		Benefit and the second		S. F. S. of T. C.	1. (4.1)
				L				er Island		* 15 T
	_] '	84	City			85 Zip	Code
office or r	to the provisions of Sections 607. registered agent, or both, in the St rm familiar with, and accept the ob	tate of Florida.	. Such change was a	authorized	by th	named corpor he corporation	ration submits this statement for the 's board of directors. I hereby account of the control of	e purpose of ept the appoin	changing its ntment as re	s registered egistered
	Signature, typed or printed name of registered		···		gent s	signature required v		DATE		
12.		AND DIRECT		13.			ADDITIONS/CHANGES TO O	FFICERS AN		
TITLE	P		□ DELETE	1,1 TITL	£				Change	☐ Addition
NAME	ESTEVE, JERONIMO M.						•			
STREET ADDRESS	5895 N.W. 167TH ST.			1.2 NAM	Æ		•			
CITY-ST-ZIP	MIAMI FL 33015					ADDRESS				
TITLE					REETA			·		
NAME			☐ DELETE	1.3 STR	REET A				☐ Change	☐ Addition
STREET ADDRESS			☐ DELETE	1.3 STR 1.4 CiT	REET A Y-ST-I			÷	☐ Change	☐ Addition
			☐ DELETE	1.3 STR 1.4 CITY 2.1 TITL 2.2 NAM	REET A Y-ST- LE ME		· · ·		☐ Change	☐ Addition
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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 tyle and accurate and that my significant 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 employeered to execute this report as equired by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, proman attachment will an address, with all other like employeed.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

1/16/

FILED

Feb 15, 1999 8:00am

Secretary of State

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