## Mar 06, 1999 8:00 am Secretary of State 03-06-1999 90072 005 \*\*\*150.00

Applied For

Fee Required \$5.00 May Be

- Added to Fees --

Yes

□No

Not Applicable \$8.75 Additional

**FILED** 

## 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	#	157306
4		

Corporation Name

J & L AUTO SALES DEALER, INC.

	Name and Address of Cu	rrent Registered Agent	
4	25	29	30
Zip	Country	Zip	Country
:3		28	
City & State		City & State	9
2		27	
Suite, Apt. #, e	tc.	Suite, Apt. i	⊭, etc.
1		26	
2. Principal Place	of Business	2a. Mailing Add	iress
opa locka FL 33	D54	opa locka fl	33054
13290 NW 43RD A\		13290 NW 43RD	
C/O FRANK R.S. F.	ABRE, ESQ.	C/O FRANK R.S	. FABRE, ESO.
Principal Place of	Business	Mailing Addres	S

	DO NOT WRITE IN	THIS	SPACI
3.	Date Incorporated or Qualifed		

03/09/1990 4. FEI Number

65-0236153

5. Certificate of Status Desired

6. Election Campaign Financing

Trust-Fund Contribution

Personal Property Tax.

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

8. This corporation owes the current year Intangible

10. Name and Address of New Registered Agent

13290 NW 43RD AVE		82 Street	82) Street Address (P.O. Box Number is Not Acceptable)			
SUIT	TE 234	83				
OPA	LOCKA 33054					
		84 City	FL	85 Zip C		
office or a	to the provisions of Sections 607.0502 and 607.1508, Florida Statutes registered agent, or both, in the State of Florida. Such change was autim familiar with, and accept the obligations of, Section 607.0505, Florida.	horized by the corpo	corporation submits this statement for the purpose of oration's board of directors. I hereby accept the appo	changing its intment as reg	registered istered	
SIGNATURE	Signature, typed or pnnted name of registered agent and title if applicable (NOTE: R	egistered Agent signature r	equired when reinstating) DATE			
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AF	ND DIRECTO	RS IN 12	
TITLE	TD DELETE	1.1 TITLE	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	☐ Change	Addition	
	YUBERO, JUAN	12 NAME		_ ,	_	
NAME	COAL PLOT ATLANTABLE	1.3 STREET ADDRESS				
STREET ADDRESS						
CITY-ST-ZIP	HIALEAH FL  PSD DELETE	14 CITY-ST-ZIP		☐ Change	Addition	
TITLÉ	130	2.1 MLE 2.2 NAME				
NAME	YUBERO, LAZARO					
STREET ADDRESS		2.3 STREET ADDRESS				
CITY-ST-ZIP	HIALEAH FL	2. 4 CITY-ST-ZIP	• •	Change	Addition	
TITLE	Detere					
NAME		3.2 NAME		4		
STREET ADDRESS		3.3 STREET ADDRESS				
CITY-ST-ZIP		3.4. CITY-ST-ZIP		["] Change	☐ Addition	
TITLE	. DELETE	4.1 TITLE		Change	☐ ¥qqqqqqii	
NAME		4. 2 NAME		•		
STREET ADDRESS		4.3 STREET ADDRESS				
CITY-ST-ZIP		4.4 CITY-ST-ZIP				
TITLE	DELETE	5.1 TITLE		☐ Change	Addition	
NAME		5.2 NAME				
STREET ADDRESS		5 3 STREET ADDRESS				
CITY-ST-ZIP		5.4 CITY-ST-ZIP				
TITLE	☐ DELETE	6.1 TITLE	-	Change	Addition	
NAME		6.2 NAME				
STREET ADDRESS	/	6.3 STREET ADDRESS				
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Lis Castina 440 07(2)(i) Flavida Statutas I further co			

14. I hereby certify that the information supplies 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 supplies annual report strue 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, or on an attachment with an address, with all other like empowered.

SIGNATURE:

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR