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

Mailing Address

% JAMES RYAN 12459 SW 130TH ST UNIT 1

PROFIT CORPORATION ANNUAL REPORT

1999



- FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # L66916

1. Corporation Name

% JAMES RYAN

ACE AUTOMOTIVE INC.

Principal Place of Business

12459 SW 130TH ST UNIT 1

SIGNATURE:

MIAMI FL 33186 MIAMI FL 33186						_	DO NOT WRITE IN THIS SPACE							
									1990	Qualifed	I			
2. Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number					Applied For			
21		26				<u>65-01</u>	<u>94448</u>					Not Applicable		
Suite, Apt. i	#, etc.		Suite, Apt. #, etc.					5 Certifo	ate of Status I	Desired		\$		Additional
22			27										Fee	Required
City & State	Э		City & State					6. Electic	n Campaign F	inancing				🕽 May Be
23			28					Trust F	und Contribut	tion			Adde	d to Fees
Zip	Cour	try	Zip	Cou	ntry				rporation owe		rent year			٦
24	25		29	30					al Property Ta				Yes	□No
	9. Name and Add	ress of Current	Registered Agent		- T			0. Name	and Address	of New	Registere	d Age	nt	
DVAL	LIAMEO				81	Name	€							
	I, JAMES				82 Street Addres			(P.O. Bo)	Number is N	ot Accep	table)			
	9 SW 130TH ST													
UNIT					83									
MIAM	II FL 33186			l	84	City							5 Zii	Code
					**	City					F	·L °		3 0 300
office crreated agent. ar	enistered agent, or bo	eth, in the State cocept the obligate	and 607.1508, Florida Statt f Florida. Such change was ons of, Section 607.0505, Fl	. iutnorized	ites.	tne corp	portition 5	board or (s this stateme lirectors. I her	ent for the	purpose ppt the app	of cha cointme	nging i ent as	ts registered registered
12.	Signature, typeu organineu na	OFFICERS ANI		13.	Agoin	· aignotoro)NS/CHANGE	S TO O	FFICERS	AND D	IRECT	ORS IN 12
TITLE	p	OI TIOE NO VIEW	DELETE	1.1 TII	LE		$T^{}$	ADDITE	<u>// 10/0/1// (// 0</u>				Change	
NAME	RYAN, JAMES		_		1.2 NAME									
STREET ADDRESS	19245 S W 188Th	STREET			1.3 STREET ADDRESS									
	MIAMI FL	OTTILL		1.4 CIT			Ĭ							
CITY-ST-ZIP TITLE	MINMI LE			2.1 717		1-ZIF	+						Change	e Addition
1				2.2 NA										
NAME						ADDRESS								
STREET ADDRESS							3							
CITY-ST-ZIP			☐ DELETÉ	2. 4 CITY-ST-ZIP 3.1 TITLE		+						Chang	e Addition	
TITLE			Decert										, ,	_
NAME `				3.2 NA										
STREET ADDRE 3S						ADDRESS	S							
CITY-ST-ZIP			Closuste	3.4. Cf		T-ZIP							1 Chang	e
TITLE			☐ DELETE	4.1 TIT								L.,	Johnnig	, Livings
NAME				4. 2 N/										
STREET ADDRE 3S				4.3 ST	REET	'ADDRESS	s							
CITY-ST-ZIP				4.4 CI	_	f-ZIP	 						Chana	n C & ddition
TITLE			☐ DELETE	5.1 TiT								_] Chang	e Addition
NAME				5.2 NA										
STREET ADDRE 3S	 			- 6		ADDRESS	S							
CITY-ST-ZIP				5.4 CIT		r-ZIP	 						Ohara	
TITLE	l		☐ DELETE	6.1 TIT			1						Change	e Addition
NAME				6.2 NA										
STREET ADDRESS				6.3 ST	REET	ADDRESS	s							
CITY-ST-ZIP				6.4 CF								<u>-</u>		
14. hereb / C	ertify that the informa	t on supplied with	this filing does not qualify funnual report is true and acc	or the exer	mptio	on state	ed in Sect	ion 119.07	(3)(i), Florida	Statutes	, I further	certify t	that the	e information at Lam an
officer or o	director of the corpora	ation or the receiv	er or trustee empowered to nent with an address, with	execute th	nis re	eport as	s required	by Chapte	er 607, Florid	a Statute	s; and tha	t my na	me ar	ppears in

E OF SIGNING OFFICER: OR DIRECTOR

FILED Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90201 030 ***150.00

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