

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Jul 13, 1999 8:00 am**  
**Secretary of State**

07-13-1999 90011 032 \*\*\*150.00

DOCUMENT # **L67915**

Corporation Name

**METRO AUTOMOTIVE PAINT AND SUPPLY CO.** ✓



Principal Place of Business

**191 N.W. 79TH STREET  
MIAMI FL 33147**

Mailing Address

**3491 N.W. 79TH STREET  
MIAMI FL 33147**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**04/25/1990**

4. FEI Number

**65-0189961**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

8. This corporation owes the current year  
Intangible Personal Property. ☐ Yes ☐ No

Principal Place of Business

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

27

City & State

City & State

28

Zip

Country

25

Zip

Country

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**EVANS, LAURIE P.  
328 MINORCA AVE.  
CORAL GABLES FL 33134**

81 Name

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

83

84 City

**FL**

85 Zip Code

I. 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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

LE	<b>D</b>	<input type="checkbox"/> DELETE
ME	<b>SAVO, CATALDO</b>	
REET ADDRESS	<b>3491 NW 79TH ST</b>	
Y-ST-ZIP	<b>MIAMI FL</b>	
LE	<b>T</b>	<input type="checkbox"/> DELETE
ME	<b>SAVO, ELIZABETH</b>	
REET ADDRESS	<b>3491 NW 79TH ST</b>	
Y-ST-ZIP	<b>MIAMI FL</b>	
LE	<b>V</b>	<input type="checkbox"/> DELETE
ME	<b>GIOVANNI D SAVO</b>	
REET ADDRESS	<b>3491 NW 79TH ST</b>	
Y-ST-ZIP	<b>MIAMI FL</b>	
LE		<input type="checkbox"/> DELETE
ME		
REET ADDRESS		
Y-ST-ZIP		
LE		<input type="checkbox"/> DELETE
ME		
REET ADDRESS		
Y-ST-ZIP		
LE		<input type="checkbox"/> DELETE
ME		
REET ADDRESS		
Y-ST-ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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 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, or on an attachment with an address.

SIGNATURE:

**ELIZABETH SAVO**

Date

Daytime Phone #

**7/6/99 305-696-3700**

CR2E034 (5/99)

# METRO

## AUTOMOTIVE PAINT & SUPPLY CO.

L67915  
587254-90011-32

July 6, 1999

Division of Corporations  
Annual Reports Filings  
P. O. Box 1500  
Tallahassee, FL. 32302-1500

Re: Document # L67915  
Metro Automotive Paint & Supply Co.

To Whom It May Concern:

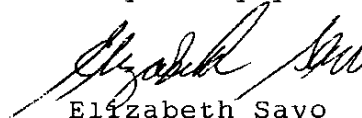
Although we have not had a change of address, we never received a First Notice for our 1999 Profit Corporation Annual Report. Upon receiving a "Second Notice" today, I called Tallahassee and spoke to Carol. She told me to send a check for \$150.00 and the renewal would take effect.

Accordingly, enclosed is a check in the amount of \$150.00 for renewal of our 1999 Profit Corporation Annual Report.

Thank you.

If you have any questions, please contact the undersigned.

Very truly yours,



Elizabeth Savo  
Treasurer

ES/es