

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

FILED
Feb 25, 1999 8:00 am
Secretary of State

02-25-1999 90082 019 ***150.00

DOCUMENT # M00940

1. Corporation Name
MASTER AUTO SALES, INC.

Principal Place of Business

13091 NW 43 AVE. BAY A8
5827 S.W. 33RD STREET
OPALOCKA FL 33054
US

Mailing Address

% LUIS A. MARTINEZ
5827 S.W. 33RD STREET
MIAMI FL 33155

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/23/1984

4. FEI Number

59-2409514

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible

Personal Property Tax.

☐ Yes

☐ No

2. Principal Place of Business

21 4111 N/W 135 ST

Suite, Apt. #, etc.

22 OPALOCKA

City & State

23 FL

24 33054

Country

25 U.S.A

2a. Mailing Address

26 2625 COLLINS AVE. (1809)

Suite, Apt. #, etc.

27 MIAMI BEACH

City & State

28 FL

29 33140

Country

30 U.S.A

9. Name and Address of Current Registered Agent

MARTINEZ, LUIS A.
5827 S.W. 33RD STREET
MIAMI FL 33155

10. Name and Address of New Registered Agent

81 Name

Luis A. Martinez

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

2625 COLLINS AVE APT 1809

83

MIAMI BEACH

84 City

MIAMI BEACH

FL

85 Zip Code

33140

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE

NAME MARTINEZ, LUIS A.
STREET ADDRESS 5827 SW 33 ST.
CITY-ST-ZIP MIAMI FL

TITLE V ☐ DELETE

NAME FERRER, EMILIO
STREET ADDRESS 7235 W 2D CT.
CITY-ST-ZIP HIALEAH FL

TITLE S ☐ DELETE

NAME MARTINEZ, NORMA P.
STREET ADDRESS 5827 SW 33 ST.
CITY-ST-ZIP MIAMI FL

TITLE T ☐ DELETE

NAME FERRER, ELENA
STREET ADDRESS 7235 W 2D COURT
CITY-ST-ZIP HIALEAH FL

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

MARTINEZ NORMA P
2625 COLLINS AVE (APT 1809)
MIAMI BEACH FL 33140

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 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 any attachment with an address, with all other like empowered.

SIGNATURE:

Luis A. Martinez (President)

Date

1-25-99

Daytime Phone #

X 305-685-0195

305-538-4041

CR2E034 (11/98)

0226484