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

PROFIT CORPORATION ANNUAL REPORT

1998

FLAMINGO AUTO RECYCLING, CORP.

DOCUMENT #



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

(9)

FILED Apr 22 1998 8:00am Secretary of State

Principal Place of Business	Mulling Address	
1158 - 1200 W. MOWRY STREET HOMESTEAD FL 33030-5628	1158 - 1200 W. MOWRY STREET HOMESTEAD FL 33030-5629	DO NOT WRITE IN THIS SPACE

HOMESTEAD FL 33030-5629		HOMESTEAD FL 33030-5629				DO NOT V	VRITE IN THIS	SPACE			
							3. Date Incorporated or Qualified 06/08/1987				
2. Principal Place of Business 21 Soile, Apt. #, etc.			2a. Mailing Address 26 Suite, Apt #, etc.				4. FEI Number 59-2832110			Applied For Not Applicable	
		Suite, Ap					5. Certificate of Status Desire	\$8.75	8.75 Additional Fee Required		
City & Stal	ie	City & Str	ate				6. Election Campaign Finance	ing		May Be	
23		28]					Trust Fund Contribution		Added	to Fees	
	Zip Country Zip 4 25 29			Gountry 30			8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No				
24	25] g. Name and Address of Curr					10. Name and Address of New Registered Agent					
GI	JZMAN, SALVADOR			81	Name	e					
	58 W. MOWRY ST.			82	Stree	et Address	(P.O. Box Number is Not Acc	rentable)			
	MESTEAD FL 33030			L			TI.O. DOX HUMBO TO NOT HOL				
	•			83							
				84	City			Fl	85 Zip	Code	
44 Porcuant	to the armyisians of Sections 607.0	502 and 607 1508 F	lorida Statutos	the abov	e-namo	nd corpora	tion submits this statement for	r the purpose of	of changing	its registerec	
office or agent. I a	to the provisions of Sections 607.0 registered agent, or both, in the St am familiar with, and accept the obt	ite of Florida, Such c ligations of, Section (change was au 607.0505, Flori	thorized b ida Statute	y the co s.	orporation'	's board of directors. I hereby	accept the ap	pointment as	s registered	
SIGNATURE	Standing typed or prided hame of registered.	account and black have be at \$6.	(NOT)	Florishred Ac	ant signati	uie required w	vhen reinstating)][At]			
12.		ND DIHECTORS	(vecile)	13.		are respired to	ADDITIONS/CHANGES TO		ID DIRECTO	RS IN 12	
THLE	PD		DELETE	1.1 HILE					Change	Additio	
NAME	GUZMAN, SALVADOR			12 NAME							
STREET ADDRESS	1158 W. MOWRY ST.			13 STREF	t address	s					
City-St-ZiP	HOMESTEAD, FL 33030		7	1.4 CITY-	S1-71P				Change	Additio	
TITLE	V CUTAGAN MEGANA	L.	DEt.ETE	2 1 TITLE					L Change	L Additio	
NAME	GUZMAN, ILEANA 1158 W. MOWRY ST.			2.2 NAME	* ****						
STREET ADDRESS	HOMESTEAD, FL 33030			2 4 CITY-	T ADDRESS	2					
CITY - ST - 7IP	NOMEOTERD, TE GOOD		DELETE	3171718	51-2IF				Change	Additio	
NAME				3.2 NAME							
STREET ADDRESS	1			3.3 STREE	T ADDRESS	s					
CHY-\$1-71P	1			3.4 CITY-	ST - ZIP						
TIILE			DELETE	4.1 TITLE					Change	Additio	
NAME				4. 2 NAME							
STREET ADDRESS				4.3 STREE	I ADDRESS	s					
CITY - ST - 7IP				4.4 CITY-	ST-ZIP	<u> </u>				T Address	
TIILE		L	DEFELE	5.1 TITLE					☐ Change	Additio	
NAME				5.2 NAME		1					
STREET ADDRESS					f ADDRESS	S					
CITY-ST-ZIP	ļ <u>.</u>		DELETE	5.4 CITY-	ST - ZIP	_{			Change	Additio	
TITLE		L.	בי טנננונ	61 TITLE					L. Change	LJ Madrito	
NAME				6.2 NAME	c.	.					
STREET ADDRESS					I ADDRESS	35					
DITY ST 7ID	I			64 CITY-	S1 - 71P	1					

14. Thereby 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?