

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 27, 1999 8:00 am
Secretary of State

02-27-1999 90023 049 ***158.75

DOCUMENT # M55204

1. Corporation Name

AUTO HARBOR CORPORATION

Principal Place of Business

5979 N.W. 151 ST., #240
MIAMI LAKES FL 33014

Mailing Address

5979 N.W. 151 ST., #240
MIAMI LAKES FL 33014

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/08/1987

4. FEI Number

59-2826494

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 40 Mark Gilbert

2a. Mailing Address

26 40 Mark Gilbert

Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

22 601 Brickell Key Dr

27 601 Brickell Key Dr #600

City & State

City & State

23 Miam. FL

28 Miam. FL

Zip

Country

Zip

Country

24 33131

25

29 33131

30

9. Name and Address of Current Registered Agent

GILBERT, MARK
5979 NW 151 ST.
SUITE 240
MIAMI LAKES FL 33014

10. Name and Address of New Registered Agent

81 Name

GILBERT, Mark

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

601 Brickell Key Dr #600

83

84 City

Miam.

FL

85 Zip Code

33131

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 DP ☐ DELETE

NAME GILBERT, MARK
STREET ADDRESS 4979 N.W. 151 ST., #240
CITY-ST-ZIP MIAMI LAKES FL 33014

TITLE VS ☐ DELETE

NAME HERNANDEZ, ANGEL
STREET ADDRESS 2828 CORAL WAY, PENTHOUSE
CITY-ST-ZIP MIAMI FL

TITLE VP ☐ DELETE

NAME CHESNICK, ANDREW
STREET ADDRESS 2828 CORAL WY PH
CITY-ST-ZIP MIAMI FL 33145

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

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 DP
1.3 STREET ADDRESS Mark Gilbert
1.4 CITY-ST-ZIP 601 Brickell Key Dr #600
Miam FL 33131

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

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 an attachment with an address with an other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)

0130597