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May 04, 1999 8:00 am
Secretary of State

05-04-1999 90051 019 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N95000000979

1. Corporation Name
AUTOMOTIVE SERVICE ASSOCIATION OF DADE COUNTY, I NC.



Principal Place of Business 3005 NE 2ND AVE MIAMI FL 33137-4113 US	Mailing Address 13345 NW 7TH AVE MIAMI FL 33168 US
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 02/28/1995
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 65-0573441
22 City & State	27 City & State	Applied For Not Applicable
23 Zip Country	28 Zip Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
24	29	30
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent

RUBIN, JONATHAN R 9350 S DIXIE HWY, PH2 MIAMI FL 33156	81 Name
	82 Street Address (P.O. Box Number is Not Acceptable)
	83
	84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CORTEZ, GABRIEL	1.2 NAME	
STREET ADDRESS	3005 NE 2ND AVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33137-4113	1.4 CITY-ST-ZIP	
TITLE	DS <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAENZ, MARLON	2.2 NAME	
STREET ADDRESS	18631 SW 105TH PLACE	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33157	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GIROUX, MIKE	3.2 NAME	
STREET ADDRESS	8825 SW 129 ST	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33176	3.4 CITY-ST-ZIP	
TITLE	DT <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOORE, RICHARD	4.2 NAME	
STREET ADDRESS	13345 NW 7TH AVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	N MIAMI FL 33168	4.4 CITY-ST-ZIP	
TITLE	DVM <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAMPOS, DANIEL	5.2 NAME	
STREET ADDRESS	4000 W 16TH AVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	HIALEAH FL 33012	5.4 CITY-ST-ZIP	
TITLE	DVB <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PIKE, MIKE	6.2 NAME	
STREET ADDRESS	3828 NW 2ND AVE	6.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33137	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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* SIGNATURE REQUIRED 4/27/99 305-688-8400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/198)