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

Mailing Address 937 W. OKEE RD.

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

FILED

Feb 11, 1999 8:00am

Secretary of State

02-11-1999 90019 011 ***150.00

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P93000006943**

. Corporation Name

Principal Place of Business

937 W. OKEE RD.

PALM AVENUE AUTO SALES, INC.

HIALEAN FL 33010		HIRLERIT IE 33010		DO NOT WRITE IN THIS SPACE				•	
					3. Date Incorporated or Qua	lifed			
					01/28/1993				
2. Principal P	Place of Business	2a. Mailing Address			4. FEI Number	**	App	lied For	7.7
26					65-0386894		Not	Applicable	160
		Suite, Apt. #, etc.	\pt. #, etc.				\$8.75 A	dditional	
		├ ¬ ' '			5. Certifcate of Status Desir	ed 🗌	Fee Required		
City & Stat	te	City & State			6. Election Campaign Finan	cing -	\$5.00 N	vlav Be	
— ´		28			Trust Fund Contribution		Added to	-	
23 Zip	Country Zip		Сои	ntry	8. This corporation owes the	current year Intang	urrent year Intangible		
-	25		30	•	Personal Property Tax.			□No	
24	9. Name and Address of Current		30 [-	10. Name and Address of N	lew Registered Ag	ent		
	9. Name and Address of Current	rogistered Agent		81 Name		<u> </u>			
LEO	IN, RIGOBERTO	* * **							
	5 OKEECHOBEE ROAD			82 Street Add	fress (P.O. Box Number is Not Ac				
P-1				83	\$4000 100 5.000 25 in	美国 医敏性性乳化性纤维性性	<u>, 1941a (344) 2</u> C Belog 1 9 1 , 1	982 HH 1951	
HIALEAH FL 33010				63			美国国际		
וראו ז	EATT C 35010		ļ	84 City			85 Zip C	ode	
						<u> </u>			
11. Pursuant	to the provisions of Sections 607.0502 registered agent, or both, in the State of	and 607.1508, Florida Statute	s, the at	oove-named cor	poration submits this statement for	or the purpose of chi accept the appointm	anging its r ent as rec	egistered istered	
office or	registered agent, or both, in the State of am familiar with, and accept the obligati	ions of, Section 607.0505, Flor	ida Statu	ites.	don's board or directors. I moresy	accopt the apparent			
-								,	
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE:	Registered	Agent signature requir	red when reinstating)	DATE			<u>@</u>
12.	OFFICERS AND	DIRECTORS	13.	· Y	ADDITIONS/CHANGES TO				R2E034 (11/98)
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NAME	LEON, RIGOBERTO		1.2 NA	ME					~
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CITY-ST-ZIP	HIALEAH FL 33012		1.4 CI	ry-st-zip					£
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	LEON, ASUNCION E					L)	
NAME					3	L		İ	•
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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 chapted or the receiver or trustee empowered.

6.2 NAME 6.3 STREET ADDRESS

SIGNATURE:

STREET ADDRESS

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/22/99 Date

Daytime Phone #