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

DOCUMENT # P93000015316

1. Corporation Name

AUTO POINT, INC						
Principal Place of Business	Mailing Address 12444 SW 128TH ST					
12444 SW 128TH ST MIAMI FL 33186	MIAMI FL 33186		DO NOT WRITE IN THIS SPACE			
·		•	3. Date Incorporated or Qualifed 03/01/1993			
2. Principal Place of Business	2a. Mailing Address		4. FEI Number 65-0396125			
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired			
City & State	City & State		6. Election Campaign Financing Trust Fund Contribution \$5			
Zip Country	Zip	Country 30	8. This corporation owes the current year Intangible Personal Property Tax.			
9. Name and Address of C	=-		10. Name and Address of New Registered Agent			
HARRISON, DON	A Property of the Control of the Con	81 Name 82 Street A	ddress (P.O. Box Number is Not Acceptable)			
1000 011 100000	•	100				

FILED Feb 03, 1999 8:00am **Secretary of State**

02-03-1999 90026 031 ***150.00



Principal Pla	cipal Place of Business 2a. Mailing Address				4. FEI				ileu i oi
III. Cipai i 18]	ice of business	26			65-	0396125			Applicable
Suite, Apt. #	ata	Suite, Apt. #, etc.				Seets of Status Desired		\$8.75 Ad	
3une, Apr. #	27				5. Cen	5. Certifcate of Status Desired		Fee Required	
<u> </u>	<u>: _ ' </u>	City & State			s Fled	tion Campaign Financing		\$5.00 N	May Be
City & State		⊢ ′				t Fund Contribution		Added to	Fees
<u> </u>		28	Country			corporation owes the curr	ent year Inta	naible	
_ Zip	— Country — —					onal Property Tax.		☐ Yes [□No
	25	29 30	<u> </u>			ne and Address of New F	tegistered A	aent	
	9. Name and Address of Current	Registered Agent	81	Name	10, (40)	ia and Address of Hon t			
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	A Surface of	ו"ן						
HAR	RISON, DON		82	Street Addre	ress (P.O. E	ox Number is Not Accepta	ible)	•	ŧ
MIRAMAR FL 33025			1	<u>العراق المحمدين محاور والعلم المحمد المحمد</u>					
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			_			**************************************	6 1 8 2 . 11 8 . Per	85 Zip C	ode
			84	City			FL		
N/ 56 70 5 1 25 7	the provisions of Sections 607.0502	4 CO7 4ED9 Elorido Statutos	the above	e-named com	poration sub	mits this statement for the	purpose of	hanging its	egistered
11. Pursuant t	the provisions of Sections 607.0502 agistered agent, or both, in the State of	and 607, 1508, Florida Statutes Florida, Such change was aut	norized by	the corporation	ion's board	of directors. I hereby accer	ot the appoin	tment as reg	istered
agent, I ar	n familiar with, and accept the obligation	ons of, Section 607.0505, Florid	a Statutes	5.					•
							DATE		\
SIGNATURE	Signature, typed or printed name of registered agent		egistered Age	nt signature require	ed when reinstal	ing)		DIDECTO	26 IN 12
12.	OFFICERS AND		13.		ADD	TIONS/CHANGES TO OF	FICERS AN	Change	Addition
TITLE	DP	☐ DELETE	1.1 TITLE	ļ		1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -		L. Criange	
	GIL, FERNANDO		1.2 NAME						
NAME	12741 SW 27TH ST		1.3 STREE	TADDRESS					
STREET ADDRESS			1.4 CITY-5	į		•			
CITY-ST-ZIP	MIAMI FL 33175	☐ DELETE	2.3 TITLE	51-21-				☐ Change	☐ Addition
TITLE	DT	□ pereie							
NAME	GIL, MIRIAM		2.2 NAME	ļ		•			ļ
STREET ADDRESS	12741 SW 27TH ST		2.3 STREE	T ADDRESS					
CITY-ST-ZIP	MIAMI FL 33175		2.4 CITY-	ST-ZIP					Addition
TITLE		. □ DELETE	3.1 TITLE	1				Change	☐ Addition
6 1 2 3 1			3.2 NAME						
NAME			2.2 CTDE	ET ADORESS		and the section of the	1.25	J. 1.115	59.00
STREET ADDRESS	10 AN FO 1000							18 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	引起犯 續一
CITY-ST-ZIP		C DELETE	3.4. CITY				5 1 1 1 1	Change -	Addition
TITLE		☐ DELETE	4.1 TITLE	Į.		•	•		
NAME SSET SW 4.5	Sec.	397	4. 2 NAM						
STREET ADDRESS			4.3 STRE	ET ADDRESS					
CITY-ST-ZIP	<u>:</u>		4.4 CITY-	ST-ZIP				(7.0)	[] Addition
TITLE		☐ DELETE	5.1 TITLE					Change	Addition
			5.2 NAME	: [•
NAME			5.3 STRE	ET ADDRESS				,	
STREET ADDRESS	OP .		5.4 CITY-						
CITY-ST-ZIP	<u> </u>	T BEILTE	6.1 TITLE					Change	☐ Addition
TITLE	1.50	☐ DELETE				•			
NAME .	1274 j. n. 1277		6.2 NAME						
STREET ADDRESS	Marile F. S. C.		6.3 STRE	ET ADDRESS .					
	i ci		6.4 CITY	ST-ZIP					
CITY+ST-ZIP	\	. 19 5-	45	tion stated in	Section 11	9.07(3)(i), Florida Statutes	I further ce	rtify that the	information

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 ell other like empowered.

SIGNATURE:

CR2E034 (11/98)