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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000029449

1. Corporation Name

CUBANEYES AUTO SALES CORP.

Principal Place	of Business	Mailing Address		i ideilosi itā idipa triti pārti satti aktu adul	8 siātā iātif divis niāta cam iani
1680 W 41ST		1824 W 72ND STREET			
HIALEAH FL 33012 HIALEAH FL 33014					- 00.00
US US			DO NOT WRITE IN THI	S SPACE	
				Date Incorporated or Qualifed 04/22/1993	
2. Principal Pl	ace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		65-0406160	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22		27			Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be Added to Fees
23		28	Country	Trust Fund Contribution	
Zip	Country 25	Zip 29	Country 30	This corporation owes the current year I Personal Property Tax.	Tangible ☐ Yes ☐ No
24	9. Name and Address of Curre		1	10. Name and Address of New Registere	i Agent
	5. Haine and Address of Ourice	IN Nagiotalea Ageire	81 Name		
PERI	era, armando				
1824 W 72ND STREET			82 Street Addr	ress (P.O. Box Number is Not Acceptable)	
HIALEAH FL 33014		83		-	
			84 City	F	L 85 Zip Code
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 ag		Registered Agent signature require	ad when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS A	NO DIRECTORS IN 12
12.	PDVS	ND DIRECTORS DELETE	13.	ON 1 C	Change Addition
TITLE	PERERA, ARMANDO	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1.2 NAME	DVS OIAZ, DMAR L95 W. 30th ST. FIATEAN, Fl. 33012	7
NAME	1824 W 72ND STREET		1.3 STREET ADDRESS	ar in anth st.	
STREET ADDRESS	HIALEAH FL 33001		1,4 CITY-ST-ZIP	141 W. 50 K 5 F	
CITY-ST-ZIP	VPS	DELETE	2.1 TITLE	FIRICAR, F1. 33912	Change Addition
	DIAZ, OMAR	A	2.2 NAME		
NAME	1295 WEST 30TH ST.		2.3 STREET ADDRESS		
STREET ADDRESS	HIALEAH FL 33012		2.4 CITY-ST-ZIP		ļ
CITY-ST-ZIP	THALLAFTE SOUTE	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME		<u> </u>	3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
1			3.4. CITY-ST-ZIP		
CITY-ST-ZIP TITLE		☐ DELETE	4,1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS					
CITY-ST-ZIP			■ 4.3 STREET ADDRESS		
TITLE			4.3 STREET ADDRESS		į
1		DELETE	4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE		☐ Change ☐ Addition
NAME (☐ DELETE	4.4 CITY-ST-ZIP		☐ Change ☐ Addition
NAME STREET ADDRESS		☐ DELETE	4.4 CITY-ST-ZIP 5.1 TITLE		☐ Change ☐ Addition
STREET ADDRESS		□ DELETE	4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME		☐ Change ☐ Addition
		□ DELETE	4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS		☐ Change ☐ Addition ☐ Change ☐ Addition
STREET ADDRESS CITY-ST-ZIP TITLE			4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		
STREET ADDRESS			4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE		

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 all other like empowered.

SIGNATURE:

OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #