
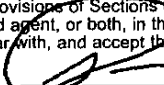


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

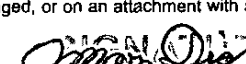
FILED
May 04, 1999 8:00 am
Secretary of State

05-04-1999 90174 019 ***150.00

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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 1680 W 41ST HIALEAH FL 33012 US			Mailing Address 1824 W 72ND STREET HIALEAH FL 33014 US		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 04/22/1993	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 65-0406160	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23 Zip Country		28 Zip Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24		29		30	
9. Name and Address of Current Registered Agent PERERA, ARMANDO 1824 W 72ND STREET HIALEAH FL 33014			10. Name and Address of New Registered Agent		
			81 Name		
			82 Street Address (P.O. Box Number is Not Acceptable)		
			83		
			84 City		
			85 Zip Code		
			FL		
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  (NOTE: Registered Agent signature required when reinstating) DATE					
12. OFFICERS AND DIRECTORS					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE <input checked="" type="checkbox"/> DELETE					
1.2 NAME PERERA, ARMANDO					
1.3 STREET ADDRESS 1824 W 72ND STREET					
1.4 CITY-ST-ZIP HIALEAH FL 33001					
2.1 TITLE <input checked="" type="checkbox"/> DELETE					
2.2 NAME DIAZ, OMAR					
2.3 STREET ADDRESS 1295 WEST 30TH ST.					
2.4 CITY-ST-ZIP HIALEAH FL 33012					
3.1 TITLE <input type="checkbox"/> DELETE					
3.2 NAME					
3.3 STREET ADDRESS					
3.4 CITY-ST-ZIP					
4.1 TITLE <input type="checkbox"/> DELETE					
4.2 NAME					
4.3 STREET ADDRESS					
4.4 CITY-ST-ZIP					
5.1 TITLE <input type="checkbox"/> DELETE					
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY-ST-ZIP					
6.1 TITLE <input type="checkbox"/> DELETE					
6.2 NAME					
6.3 STREET ADDRESS					
6.4 CITY-ST-ZIP					

SIGNATURE:

 **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)