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 # **P93000059697**1. Corporation Name

PERFORMANCE AUTO INTERNATIONAL, INC.

MIAMI FL 33172

FILED Feb 20, 1999 8:00 am Secretary of State

02-20-1999 90119 049 ***150.00

A MENISON DIE BOLDE LLIGE ODER ERIGE DENG MARIN ONNO CORRE DRIVE FRANK FRANK FRANK

Mailing Address	T (400)1600) WE THINK BEING BOWN BOWN BOWN BOWN BOWN BOWN BOWN TOWN TOWN
10852 NW 27 STREET MIAMI FL 33172	DO NOT WRITE IN THIS SPACE
	3. Date Incorporated or Qualifed
	08/20/1993
2a. Mailing Address	4. FEI Number Applied For
26	65-0434763 Not Applicable
Suite, Apt. #, etc.	5. Certificate of Status Desired Fee Required
City & State	6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Zip Cou 29 30	8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No
rent Registered Agent	10. Name and Address of New Registered Agent
	81 Name 82 Street Address (P.O. Box Number is Not Acceptable)
	10852 NW 27 STREET MIAMI FL 33172 2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Cour 29 30 rent Registered Agent

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.

83 84 City

SIGNATURE			·		
	Signature, typed or printed name of registered agent and title if applicable. (NOTE: Re	gistered Agent signature	required when reinstating)	DATE	
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFIC	CERS AND DIRECTOR	RS IN 12
TITLE	D DELETE	1.1 TITLE		Change	☐ Addition
NAME	MURILLO, FELIX JR.	1.2 NAME			
STREET ADDRESS	3097 N.W. 97 CT.	1.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33172	1.4 CITY-ST-ZIP)		
TITLE	☐ DELETE	2.1 TITLE		☐ Change	Addition
NAME		2.2 NAME			
STREET ADDRESS		2.3 STREET ADDRESS	,		į
CITY-ST-ZIP		2. 4 CITY- ST-ZIP	1		
TITLE	DELETE	31 TITLE		- Change	☐ Addition
NAME		3.2 NAME	ļ		ļ
STREET ADDRESS		3.3 STREET ADDRESS			
CITY-ST-ZIP		3.4. CITY-ST-ZIP	L		
TITLE	☐ DELETE .	4.1 TITLE		Change	Addition
NAME		4. 2 NAME			
STREET ADDRESS		4.3 STREET ADDRESS			į
CITY-ST-ZIP		4.4 CITY-ST-ZIP			_
TITLE	☐ DELETE	5.1 TITLE		☐ Change	☐ Addition
NAME		5.2 NAME			
STREET ADDRESS		53 STREET ADDRESS			-
CITY-ST-ZIP		5.4 CITY-ST-ZIP			i
TITLE	☐ DELETE	6.1 TITLE		Change	Addition
NAME		62 NAME			
STREET ADDRESS		6.3 STREET ADDRESS			}
CITY-ST-ZIP		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 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:

Feb. 4, 1999

Zip Code