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

PROFIT CORPORATION ANNUAL REPORT

1999



DOCUMENT # P93000063052

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

May 07, 1999 8:00 am Secretary of State

05-07-1999 90012 019 ***150.00

DELCA AUTO SALES, INC.	

	<u> </u>							ALIB OLION KIRI ORIOL	
Principal Place	e of Business	Mail	ing Address -					, -	-
1460 PALM AVE			PALM AVE.						
HIALEAH FL 33010 HIALEAH FL 33010							DO MOT WOUTE IN T	UD 0040E	
							DO NOT WRITE IN T	115 SPACE	——·
							 Date Incorporated or Qualifed 09/07/1993 		
2. Principal P	lace of Business	2a. 1	Mailing Address				4. FEI Number	Ap	plied For
21		26					65-0438449	No	t Applicable
Suite, Apt.	#, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75	Additional
22		27					5. Certificate of Status Desired	Fee Re	quired
City & State	e	(City & State				6. Election Campaign Financing	\$5.00	May Be
23		28					Trust Fund Contribution	Added t	io Fees
Zip	Country	Z	Zip	Cou	ntry	,	8. This corporation owes the current year	Intangible	
24	25	29		30			Personal Property Tax.	☐ Yes	□No
	9. Name and Address of Cu	rrent Registe	red Agent				10. Name and Address of New Register	ed Agent	
					81	Name			
	CALLEJO, FERNANDO				82	Street Add	Idress (P.O. Box Number is Not Acceptable)		
	W. 9TH AVE.				02	Street Aut	luress (F.O. Box Number is Not Acceptable)		
HIAL	EAH FL 33012				83				
								1221 20	
					84	City	F	-L 85 Zip (Code
11 Pursuant	to the provisions of Sections 607	0502 and 607	7 1508 Florida Statute	es the al	DOV	e-named cor	progration submits this statement for the purpose	of changing its	registered
office or r	egistered agent, or both, in the Si	tate of Florida	. Such change was at	uthorized	lby	the corporat	ation's board of directors. I hereby accept the ap	pointment as re	gistered
agent. I a	m familiar with, and accept the of	oligations of, S	Section 607.0505, Floa	rida Stati	ntes	; .			(
SIGNATURE	Signature, typed or printed name of registered	annet and bills if a	nelizable (NOTE	Daguetared	Ager	ni sianahusa sasuu	ored when reinstating) DATE		
12.		AND DIREC		13.	rigo.	- t signature requi	ADDITIONS/CHANGES TO OFFICERS		RS IN 12
TITLE	P	, , u 10 0 11 12 0	DELETE	1,1 TIT	LΕ			Change	☐ Addition
NAME	DEL CALLEJO, FERNANDO			1.2 NA					
STREET ADDRESS	5490 W. 9TH AVE.					TADDRESS			
1	HIALEAH FL 33012								
CITY-ST-ZIP	THALLATTE SOUTE		☐ DELETE	1.4 CI		1-218		☐ Change	Addition
TITLE									
NAME				2.2 NA					
STREET ADDRESS				- 1		TADDRESS			}
CITY-ST-ZIP			□ DELETE	2.4 CI		ST-ZIP		Change	Addition
TITLE			☐ DELETÉ	3.1 111		Ì		Change	<u> </u>
NAME				3.2 NA					
STREET ADDRESS						TADDRESS			
CITY-ST-ZIP						ST-ZIP			
TITLE			☐ DELETE	4.1 TIT	LE			Change	☐ Addition
NAME ,				4 2 N	AME				
STREET ADDRESS				4.3 ST	REE	TADDRESS			
CITY-ST-ZIP				4.4 CF	TY-S	T-ZIP			
TITLE			☐ DELETE	5.1 TIT	LE			Change	☐ Addition
NAME				5.2 NA	ME	}			
_STREET ADDRESS				5.3 ST	REE	TADDRESS		-	
CITY-ST-ZIP				5.4 CI	TY-S	T-ZIP			
TITLE			☐ DELETE	6.1 דוד	ΙE			☐ Change	☐ Addition
NAME				6.2 NA	ME				
STREET ADDRESS				6.3 ST	REE	T ADDRESS			

14. 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.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

305-387-4176

CR2E034 (11/98)