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

PROFIT CORPORATION ANNUAL REPORT.

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000063727 (0)

PRESTIGE AUTO SALES, INC.

Principal Place of Business Mailing Address
30 W. 21ST ST.
HALEAH FL 33010 HIALEAH FL 33010

FILED Jan 27 1998 8:00am Secretary of State



								3. Date Incorporated or Qualif	ed	TOFACE		
								09/07/1993				
2. Principal Place of Business				2a. Mailing Address				4. FEI Number		Ap	plied For	
21				26				65-0438385			t Applicable	
Suite, Apt. #, etc.				Suite, Apt. #, etc.				5. Certificate of Status Desired Security Securi				
City & State)			City & State				6. Election Campaign Financin	g	\$5.00	May Be	
23			28					Trust Fund Contribution		Added t		
Zip	Country Zip					_ Country	•	8. This corporation owes or ha				
24	29		3	0		Personal Property Tax due June 30. Yes 10. Name and Address of New Registered Agent						
Name and Address of Current Registered Agent								10. Name and Address of Nev	/ Hegistered	Agent		
ALFONSO, WENCESLAO F							Name				,	
	50 Palm a						82 Street Address (P.O. Box Number is Not Acceptable)					
HIALEAH FL 33012						83		<u>,</u>				
						84	-0:4			es Zin (Codo	
, i							City		FI	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 regis	tered agent and title	if applicable	(NOTE F	Registered Age	ont signature re	equired when reinstaling)	DATE			
12.		OFFICE	RS AND DIRE	CTORS		13.		ADDITIONS/CHANGES TO C	FFICERS AN	ID DIRECTOR	S IN 12	
TITLE	P				DELETE	1.4 TITLE				Change	Addition	
NAME	ALFONS	SO, WENCESLA	10 F			1.2 NAME						
STREET ADDRESS	5250 P/	ALM AVE.		1.3 ST		1.3 STREET	ADDRESS					
CITY-ST-ZIP	HIALEAH FL 33012					1.4 C(TY - S	1 - ZIP					
TITLE	SV				DELETE	2.1 TITLE				Change	Addition	
NAME	ALFON:	SO, MAYQUEL				2.2 NAME	İ					
STREET ADDRESS	5250 P/	ALM AVE.		2.3 S			ADDRESS					
CITY-ST-ZIP	HIALEAH FL 33012			2.4		2.4 CITY-	ST-ZIP					
TITLE	T				DELETE	3.1 TITLE				Change	Addition	
NAME	ALFON:	SO, ELIA				3.2 NAME						
STREET ADDRESS	5250 P/	ALM AVE.					ADDRESS					
CITY-ST-ZIP	HIALEA	H FL 33012					ST-ZIP		<u>-</u>			
TITLE					DELETE	4.1 TITLE				Change	☐ Addition	
NAME						4. 2 NAME						
STREET ADDRESS						4.3 STREET	ADDRESS					
CITY-ST-ZIP						4.4 CITY-S	ST - 71P					
TITLE					DELETE	5.1 TITLE				Change	☐ Addition	
NAME						5.2 NAME	İ					
STREET ADDRESS						5.3 STREET	ADDRESS					
CITY-ST-ZIP						5.4 CITY - 5	ST-ZIP			<u>.</u>		
TITLE					DELETE	6.1 TITLE				Change	Addition	
NAME						6.2 NAME						
STREET ADDRESS						6.3 STREET	ADDRESS					
CITY-ST-7IP						6.4 CITY - 5	ST-ZIP					
14 Iberahus	ertity that th	e information sup	plied with this	liling does r	not qualify for	the exemp	tion stated	d in Section 119.07(3)(i), Florida Statut	es. I further o	pertify 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 for on an attachment with an address.												