## 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

## Feb 26, 1999 8:00 am Secretary of State

02-26-1999 90054 007 \*\*\*150.00

## DOCUMENT # P93000074081

1. Corporation Name

NEW WORLD AUTOMOTIVE ACCESSORIES, INC.

						}	.	0181 1181 1801
Principal Place	of Business	Mailing Address			1.00.00			
7360 WEST 20T	h avenue	7360 WEST 20TH AVENUE						
UNIT 12B		UNIT 12B						
HIALEAH FL 33016 HIALI		HIALEAH FL 33016	HIALEAH FL 33016		DO NOT WRITE IN THIS SPACE			
					<ol> <li>Date Incorporated or Q 10/21/1993</li> </ol>	ualifed		
Principal Place of Business / 2a. Mailing Address					4. FEI Number		App	lied For
21 7376 West 20 AUE. 26					65-0444183		- Not	Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.					5. Certifcate of Status De	sired	\$8.75 A	
22 # 142					5. Certificate of Status De	31160	Fee Rec	quired
City & State City & State					6. Election Campaign Fin	ancing	\$5.00	May Be
23 Higlech Florida 28					Trust Fund Contribution	n	Added to	Fees
			Country	1	8. This corporation owes	the current year In	tangible	1
24 330	0/6 25 USA.	29 30	0		Personal Property Tax.	,	☐ Yes (	□No
<u> (                                  </u>	9. Name and Address of Current	Registered Agent	·		10. Name and Address o	f New Registered	Agent	
- W 10-			81	Name	-000 T	0-7		
ISOBA, JOSE I					SOBA, (O	Acceptable)		
7360 WEST 20TH AVENUE				l =-	ress (P.O. Box Number is Not	Acceptable)		
UNIT 12B			83		· west a	0 7,00		
, HIALEAH FL 33016					# 142			
•			84	City //		FL	85 Zip C	ode
				I HA	areau		- 33	O/ G
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 register 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								istered
agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.								
SIGNATURE	106 I Isoba					_01-	29- 99	
	Signature, typed or printed name of registered agent a			nt signature require	d when reinstating)			
12.	OFFICERS AND		13.	<u>1</u>	ADDITIONS/CHANGES	TO OFFICERS A		
TITLE	-		1.1 TITLE				☐ Change	Addition
NAME	ISOBA, JOSE I		1.2 NAME					
STREET ADDRESS	7502 WEST 29TH WAY 1.		1.3 STREE	T ADDRESS				ļ
CITY-ST-ZIP	HIALEAH FL 33016		1.4 CITY-5	ST-ZIP				
TITLE	☐ DELETE 2		2.1 TITLE				Change	☐ Addition
NAME			2.2 NAME		ŕ	* * * * * * * * * * * * * * * * * * * *		
STREET ADDRESS			2.3 STREE	T ADDRESS		,		
CITY-ST-ZIP			2. 4 CITY-	ST-719				
TITLE	☐ DELETE		3.1 TITLE			<del></del>	☐ Change	☐ Addition
NAME			3.2 NAME					
				T ADDRESS				
STREET ADDRESS								1
CITY-ST-ZIP		☐ DELETE	3.4. CITY-	ST-ZIP		•	☐ Change	Addition
TITLE			4.1 TITLE					
NAME			4. 2 NAME					
STREET ADDRESS			4.3 STREE	T ADDRESS				
CITY-ST-ZIP			4.4 CITY-5	ST-ZIP				
TITLE		☐ DELETE	5.1 TITLE				☐ Change	☐ Addition
NAME			52 NAME					
STREET ADDRESS			5.3 STREE	T ADDRESS				ł

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.

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

6.1 TITLE

62 NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

YPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DELETE

Addition

Change