

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

**APPROVED AND FILED**

95 MAY -1 AM 11:55

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # *P94000009239 (2)*

1. Corporation Name

*99 AUTO SALES INC*

Principal Place of Business

Mailing Address

*10495 NW 27 AVE  
MIAMI FL 33147*

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Dissolved *7/20/94* 3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

Applied For

21

26

*67-0467073*

Not Applicable

Suite, Apt #, etc

Suite, Apt #, etc

5. Certificate of Status Desired

\$8.75 Additional Fee Required

22

27

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

23

28

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

*EDDY CASAMAYOR  
9974 NW 28 TERR  
MIAMI FL 33177*

B1

Name *RICARDO THOMAS*

B2

Street Address (P.O. Box Number is Not Acceptable)  
*1001 W 60 ST*

B3

B4

City *HALEAH*

FL

B5

Zip Code *33017*

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 provisions of Section 607.0505, Florida Statutes.

SIGNATURE

*[Signature]*

Signature, Name, Title, Name of registered agent and title of application

NOTE: Registered Agent signature required when registering.

(B1)

*4/20/95*

12.

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

*DP*

NAME

*CASAMAYOR, EDDY*

STREET ADDRESS

*9974 NW 28 TERR*

CITY ST ZIP

*MIAMI FL 33177*

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

1.1 TITLE

*DP*

1.2 NAME

*RICARDO THOMAS*

1.3 STREET ADDRESS

*1001 W 60 ST*

1.4 CITY ST ZIP

*HALEAH FL 33017*

2.1 TITLE

*D.S.T.*

2.2 NAME

*ROSA THOMAS*

2.3 STREET ADDRESS

*1001 W 60 ST*

2.4 CITY ST ZIP

*HALEAH FL 33017*

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY ST ZIP

Change  Addition

Change  Addition

Change  Addition

Change  Addition

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY ST ZIP

Change  Addition

Change  Addition

Change  Addition

Change  Addition

*200001485072*

*-05/12/95--01015--019*

*\*\*\*\*200,00 L\*\*\*\*200 Addit*

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY ST ZIP

Change  Addition

Change  Addition

Change  Addition

Change  Addition

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY ST ZIP

Change  Addition

Change  Addition

Change  Addition

Change  Addition

*DP still*

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 of this report as an officer or director with an address.

SIGNATURE:

*[Signature]*

SIGNATURE, TITLE, AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4/20/95 691 1017*

Title

Signature