

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

PROFIT  
CORPORATION  
ANNUAL REPORT



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

1996-2-19-96 B-17247

DOCUMENT # P94000009239 (2)

1. Corporation Name

99 AUTO SALES, INC.



Principal Place of Business

10495 NW 27 AVE  
MIAMI FL 33147

Mailing Address

10495 NW 27 AVE  
MIAMI FL 33147

3. Date Incorporated or Qualified  
01/28/1994

3a. Date of Last Report  
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

THOMAS, RICARDO  
1001 W 60 ST  
HIALEAH FL 33012

81

Name

BERNARDO IGLESIAS

82

Street Address (P.O. Box Number is Not Acceptable)

9421 NW 30 Ct

83

84

City

Miami, FL

FL

85 Zip Code

33147

11. Pursuant to the provisions of Sections 607.0602 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 607.0605, Florida Statutes.

SIGNATURE

*[Signature]*

(NOTE: Registered Agent Signature required when reinstating)

2/13/96

12. OFFICERS AND DIRECTORS

TITLE	DP	<input checked="" type="checkbox"/> DELETE
NAME	THOMAS, RICARDO	
STREET ADDRESS	1001 NW 60 ST	
CITY-ST-ZIP	HIALEAH FL 33012	
TITLE	DST	<input checked="" type="checkbox"/> DELETE
NAME	THOMAS, ROSA	
STREET ADDRESS	1001 W 60 ST	
CITY-ST-ZIP	HIALEAH FL 33012	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	BERNARDO IGLESIAS	
1.3 STREET ADDRESS	9421 NW 30 Ct	
1.4 CITY-ST-ZIP	Miami, FL 33147	
2.1 TITLE	DST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	BERNARDO IGLESIAS	
2.3 STREET ADDRESS	9421 NW 30 Ct	
2.4 CITY-ST-ZIP	Miami, FL 33147	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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 if changed, or on an attachment with an address.

SIGNATURE:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/12/96 (305) 691-1017  
Date Daytime Phone #

CR2E034 (12/95)