

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

PROFIT CORPORATION ANNUAL REPORT



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

1996-2-19-96 B-17247 C

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

21	2. Principal Place of Business	2a	2a. Mailing Address	4	FEI Number	Applied For
22	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.		65-0467073	Not Applicable
23	City & State	27	City & State	5	Certificate of Status Desired	\$8.75 Additional Fee Required
24	Zip	28	Zip		<input type="checkbox"/>	
	Country	29	Country	6	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
		30			<input type="checkbox"/>	
				8	This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent
**THOMAS, RICARDO
1001 W 60 ST
HIALEAH FL 33012**

10. Name and Address of New Registered Agent

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: *Bernardo Iglesias* (NOTE: Registered Agent signature required when reinstating) DATE: 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: *Bernardo Iglesias* DATE: 2/12/96 (305) 691-1017

CR2E034 (12/95)