## 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

## DOCUMENT # P94000052419

LINDO AUTO REPAIRS AND SALES, INC.

Principal Place of Business 2550 ALI BABA AVENUE OPA LOCKA FL

Mailing Address

2550 ALI BABA AVENUE OPA LOCKA FL

## FILED Feb 20, 1999 8:00 am Secretary of State

02-20-1999 90141 002 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualifed

07/07/1994

2. Principal	Place of Business	( )		_		07/07/1994		
21		2a. Mailing Address				4. FEI Number		A = 0 + 1 5
	pt. #, etc.	26				65-0506024		Applied For
22		Suite, Apt. #, etc.			_		\$8.7	Not Applicable  5 Additional
City & St	tate	27				5. Certificate of Status Desired		Required
23		City & State				6. Efection Campaign Financing		<u>————</u>
Zip	Country	28			_	Trust Fund Contribution	\$5.0	00 May Be
24	25	Zip	Cor	intry		8. This corporation owes the current year li	Adde	ed to Fees
	9. Name and Address of Cur	29	30			Personal Property Tax.	ntangible ☐ Yes	¥7Å.
		rent Registered Agent		L		10. Name and Address of New Registered	1 Acont	# W
LIN	DO, KEITH			81 1	Name		Agent	
255	50 ALI BABA AVENUE			82 5	Stroot Add	(0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.		
OPA LOCKA FL				"	Street WOOL	ess (P.O. Box Number is Not Acceptable)		
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14 0			j	84 0	City		85 Zip	p Code
office or	to the provisions of Sections 607.05	502 and 607.1508, Florida Statu	ites, the ab	IOVE-na	amed corp	FL	<u> </u>	7 5000
agent. I a	am familiar with, and accept the oblid	e of Florida, Such change was :	authorized	by the	corporatio	pration submits this statement for the purpose of n's board of directors. I hereby accept the appo	changing i	ts registered
SIGNATURE			orida Statu	tes.		appoint the supposition of the s	niment as i	registered
	Signature, typed or printed name of registered ag	gent and title if applicable. (NOTI	E. Dooints and A			<u> </u>		ł
12.	OFFICERS A	ND DIRECTORS	13.	gent sigr	nature required	when reinstating) DATE		
TITLE	ט –	DELETE	1.1 TiTL			ADDITIONS/CHANGES TO OFFICERS AN	D DIRECT	ORS IN 12
NAME	LINDO, KEITH	_					Change	
STREET ADDRESS	2550 ALI BABA AVE.		1.2 NAM	_				ł
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			4. 2 NAME		1	•	Change	☐ Addition
REET ADDRESS			4.3 STREE	TADDRE	ESS		*	
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4E			6.2 NAME				Change	Addition
EET ADDRESS							•	_
r-ST-ZIP			6.3 STREET		šS			}
hereby cert	tify that the information supplied with	this filing does not a significant	6.4 CITY-ST	-ZiP				
Indicated on	this and the second with	r una minu does not analify for th	an overest			<del></del>		

indicated on this annual report or supplied with this thing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information 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.

IGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR