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 # P9400061368

1. Corporation Name

FILED May 01, 1999 8:00 am Secretary of State

05-01-1999 90096 026 ***150.00

UNLIMI	ED AUTO SALES OF OHLA	ANDO ING.				######################################	(B) (1888 (1118	
Principal Place	e of Business	Mailing Address			I legister the letter didn't service service		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
8614 BRACKENWOOD DRIVE ORLANDO FL 32829 8614 BRACKENWOOD DRIVE ORLANDO FL 32829			E		DO NOT WRITE	IN THIS S	SPACE	
					3. Date Incorporated or Qualifed			****
		34.			08/19/1994			
2. Principal Place of Business 2a. Mailing Address					4. FEI Number		Ar	plied For
21 26					59-3267002		No	ot Applicable
Suite, Apt.	#. etc.	Suite, Apt. #, etc.					\$8.75	Additional
22		27			5. Certifcate of Status Desired		Fee Re	equired
City & Stat	е	City & State			6. Election Campaign Financing		\$5.00	May Be
23		28			Trust Fund Contribution		Added	
Zip	Country	Zip	Country	/	8. This corporation owes the curren			_
24	25	29 3	30		Personal Property Tax.		Yes	□No
<u></u>	9. Name and Address of Curre				10. Name and Address of New Re-	gistered A	gent	
			81	Name				
	JNA, JULIO		82	Street Addr	ress (P.O. Box Number is Not Acceptabl	e) ·	-1	
8614 BRACKENWOOD DRIVE			"-	Carocarida	000 (F.O. 20X Hamber to 100 per			
ORL	ANDO FL 32829		83					
			84	City			85 Zip (Code
			04	City		FL	[05]	0000
office or r agent. I a SIGNATURE	m familiar with, and accept the obligation	ations of, Section 607.0505, Florid	da Statutes	š. ,	on's board of directors. I hereby accept t	DATE	inicit as re	gistered
	Signature, typed or printed name of registered ago		13.	ant signature require	ad when reinstating) ADDITIONS/CHANGES TO OFFICE		DIRECTO	ORS IN 12
12.	· · · · · · · · · · · · · · · · · · ·	ND DIRECTORS	1,1 TITLE	1 "	ADDITIONS/OTIANOES TO OTTA	JENO AND	Change	Addition
TITLE	D		1.2 NAME				_ ,	_
NAME	MOLINA, JULIO			T ADDRESS				
STREET ADDRESS	1							
CITY-ST-ZIP	ORLANDO FL 32829	☐ DELETE	1.4 CITY-S 2.1 TITLE	ST-ZIP			Change	Addition
TITLE .	D	C) beceive						
NAME	CANCEL, JOSE		2.2 NAME					
STREET ADDRESS	1			TADDRESS			•	
CITY-ST-ZIP	ORLANDO FL 32829	☐ DELETE	2.4 CITY- 3.1 TITLE	ST-ZIP			☐ Change	Addition
TITLE	D D	DECETE	•.					L V 100-110-1
NAME	MAVIANO, PEDRO	_	3.2 NAME	==				
STREET ADDRESS				T ADDRESS .				
CITY-ST-ZIP	ORLANDO FL	☐ DELETE	3.4. CITY 4.1 TITLE	SI-ZIP			Change	☐ Addition
TITLE							Lund Criticing C	
NAME	1		4. 2 NAME	i				
STREET ADDRESS				TADDRESS				
CITY-ST-ZIP		DELETE	4.4 CITY-5	ST-ZIP			Change	☐ Addition
) TITLE			5.1 TITLE 5.2 NAME					
NAME				TADDRESS				
STREET ADDRÉSS				1				
CITY-ST-ZIP		— DELETE	5.4 CITY-5 6.1 TITLE	SI-ZIP			Change	Addition
TITLE	1	☐ ØELETE						
NAME			6.2 NAME					
STREET ADDRESS	.l		6.3 STREE	T ADDRESS				

6.4 CITY-ST-ZIP 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.

SIGNATURE: