

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

FILED  
Apr 16, 1999 8:00 am  
Secretary of State

04-16-1999 90081 041 \*\*\*150.00

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1. Corporation Name

CAR KINGDOM OF FLORIDA, CORP.

Principal Place of Business

4800 N FEDERAL HWY  
B  
LIGHTHOUSE POINT FL 33064  
US

Mailing Address

4800 N FEDERAL HWY  
B  
LIGHTHOUSE POINT FL 33064  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/03/1994

4. FEI Number

65-0525917

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 102 N.W. 27 AVE.

Suite, Apt. #, etc.

22

City & State

23 MIAMI FL.

Zip

24 33125

Country

25

2a. Mailing Address

26 102 N.W. 27 AVE

Suite, Apt. #, etc.

27

City & State

28 MIAMI FL.

Zip

29 33125

Country

30 USA.

9. Name and Address of Current Registered Agent

CARVALHO, MANUEL A  
1406-B S ST RD 7  
HOLLYWOOD FL 33023

10. Name and Address of New Registered Agent

81 Name CARVALHO, MANUEL A

82 Street Address (P.O. Box Number is Not Acceptable)  
102 N.W. 27 AVE

83

84 City MIAMI

FL

85 Zip Code  
33125

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 obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

MANUEL CARVALHO - DP

04/13/99

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DP  
CARVALHO, MANUEL A  
824 SAVANNAH FALLS DR  
WESTON FL

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DV  
CASELLA, CONSTANTINO  
13953 KENDALL LAKE CIR #607  
MIAMI FL 33183

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET 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, on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

04/13/99

(305) 649-5551

CR2E034 (1/1/98)