## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## P95000000556 (7) **DOCUMENT #**

A.R. AUTO SALES INC.

Principal Place of Business 606 W. MOWRY ST. HOMESTEAD FL 33030

Mailing Address

## **FILED** Mar 26 1998 8:00am Secretary of State



606 W. MOWRY ST. HOMESTEAD FL 33030 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 01/03/1995 2. Principal Place of Business 2a, Mailing Address 4. FEI Number Applied For 65-0556357 21 26 Not Applicable Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 6. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution 28 Added to Fees Zip Country Zip Country This corporation owes or has paid the current year Intangible Yes □ No 24 25 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent RIVERA, ANGEL A 81 Name 606 W. MOWRY ST. 82 Street Address (P.O. Box Number is Not Acceptable) HOMESTEAD FL 33030 83 84 City Zip Code 85 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 Signature, typod or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstaling) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. TITLE DELETE 1.1 TITLE Change Addition RIVIER, ANGEL A NAME 1.2 NAME 19990 S.W. 128TH ST. STREET ADDRESS 1.3 STREET ADDRESS **MIAMI FL 33196** CITY-ST-7/P 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE RIVERA, ALEXIS A NAME 22 NAME 19990 S.W. 128TH ST. STREET ADDRESS 2.3 STREET ADDRESS **MIAMI FL 33196** CITY-ST-ZIP 2. 4 CITY - ST - ZIP DELETE 3.1 TITLE Change ☐ Addition TITLE RIVERA, JOSEFINA NAME 3.2 NAME 19990 S.W. 128TH ST. STREET ADORESS 3.3 STREET ADDRESS **MIAMI FL 33196** CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE RIVERA, AMAURY NAME 4.2 NAME 19990 S.W. 128TH ST. STREET ADDRESS 4.3 STREET ADDRESS **MIAMI FL 33196** CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS CITY - ST - ZIP 54 CITY-ST-ZIP DELETE Change ☐ Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP

14. Thereby 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.

SIGNATURE: