

AMENDS MEN T
SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

99 DEC 27 AM 10:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #P95000001991

1. Corporation Name

CAR IMPRESSIONS, INC

Principal Place of Business

**1720 N GOLDENROD RD
ORLANDO FL 32807
US**

Mailing Address

**1720 N GOLDENROD RD
ORLANDO FL 32807
US**

Amended
3. Date Incorporated or Qualified
01/06/1995

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

59-3286370

Applied For

Not Applied For

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

22 City & State

27 City & State

6. Election Campaign Financing

\$5.00 May Be
Added to Fees

23

28

8. This corporation owes the current year
Intangible Personal Property.

☐ Yes ☐ No

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**VILLAVERDE, ROBERTO
2320 DIXIE BELLE DR
ORLANDO FL 32812**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL 85 Zip Code

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Roberto VillaVerde PRESIDENT

11-1-99

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **DP** ☒ DELETE

NAME **VILLAVERDE, ROBERTO**
STREET ADDRESS **2320 DIXIE BELLE DR**
CITY-ST-ZIP **ORLANDO FL 32812**

1.1 TITLE **DP** ☒ Change ☐ Addition

1.2 NAME **NILBERTO, RODRIGUEZ**
1.3 STREET ADDRESS **1310 N CHICKASAW TR**
1.4 CITY-ST-ZIP **ORLANDO FL 32825**

TITLE **DTS** ☒ DELETE

NAME **VILLAVERDE, RITA M**
STREET ADDRESS **2320 DIXIE BELLE DR**
CITY-ST-ZIP **ORLANDO FL 32812**

2.1 TITLE **DVS** ☒ Change ☐ Addition

2.2 NAME **ENID RODRIGUEZ**
2.3 STREET ADDRESS **1310 N CHICKASAW TR**
2.4 CITY-ST-ZIP **ORLANDO FL 32825**

TITLE **DVP** ☒ DELETE

NAME **RIVERA, JUAN**
STREET ADDRESS **2320 DIXIE BELLE DR**
CITY-ST-ZIP **ORLANDO FL 32812**

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

300003089753-9

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

01/06/00 01007 086
*******61.25 *****61.25**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Enid Rodriguez VICE-PRES 11-1-99 407-277-0333