### 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 # P95000006110

Principal Place of Business

GLOBAL AUTO SALES & LEASING, CO.

# FILED Apr 19, 1999 8:00 am Secretary of State

04-19-1999 90010 014 \*\*\*150.00

1234 S BISCAYNE POINTE RD MIAMI BEACH FL 33141		1234 S BISCAYNE POINTE RD MIAMI BEACH FL 33141				DO NOT WRITE IN THIS SPACE		
						3. Date Incorporated or Qualifed 01/24/1995		
2. Principal Pl	lace of Business	2a. Mailin	g Address			4. FEI Number		Applied For
21		26	•			65-0741235		Not Applicable
Suite, Apt. #, etc. 27			Suite, Apt. #, etc.			\$8.75 Additional Fee Required		
City & State	е		City & State			6. Election Campaign Financing Trust Fund Contribution	cing \$5.00 May Be Added to Fees	
Zip Zip	Country 25	Zip	30	Country	, <u>, , , , , , , , , , , , , , , , , , </u>	This corporation owes the current Personal Property Tax.	t year Intangible ☐ Yes	□No
9. Name and Address of Current Registered Agent						10. Name and Address of New Reg	istered Agent	
	3. 1.			81	Name			
FRUMKIN, CARLOS A 1234 S BISCAYNE POINTE RD				82	Street Add	Idress (P.O. Box Number is Not Acceptable)		
MIAMI BEACH FL 33141			83					
				84		•	FLII	ip Code
l office or n	to the provisions of Sections 607.05 registered agent, or both, in the State im familiar with, and accept the oblig	e of Florida, Suci	h changa was auth	ionzed by	the corporal	rporation submits this statement for the pution's board of directors. I hereby accept to	rpose of changing ne appointment as	its registered registered
SIGNATURE		المعالمة على الناد المساعدة	(NOTE: De	- sistered Ann	at also at um comui	ired when reinstating)	DATE	
40	Signature, typed or printed name of registered ag	ND DIRECTORS		13.	it signature requi	ADDITIONS/CHANGES TO OFFIC		TORS IN 12
12.	D	IND DIRECTORS	DELETE	1,1 TITLE		ADDITIONS/CITATI	☐ Chang	
NAME	FRUMKIN, CARLOS A		D becare	1.2 NAME				,
STREET ADDRESS	1-0	1			TADDRESS			
C/TY-ST-ZIP	MIAMI BEACH FL 33141		☐ DELETE	1.4 CITY-S 2.1 TITLE	1-ZIP		Chang	ge Addition
TITLE			L) DELETE					,,,
NAME				2.2 NAME				
STREET ADDRESS					T ADDRESS	•		
CITY-ST-ZIP			□ DELETE	2. 4 CITY-5	ST-ZIP		Chang	ge Addition
TITLE			□ DELETE	3.1 TITLE				io L'admon
NAME I	1		'		<b> </b>		- Cilan	
STREET ADDRESS				3.2 NAME			Citati	
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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 efforts the empowered.