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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

## FILED Apr 08, 1999 8:00 am Secretary of State

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DOCUMENT # P9500007460	
MERCEDES SPECIALISTS, INC.	E KORTIOON ING ANNA ANNA ANNA ANNA ANNA ANNA ANNA

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Principal Place	e of Business	Ma	ailing Address	-		_	( ) BE   OFF   SIGN SIGN STATE   STATE	, <del></del>	<b>3 30</b> 100.	
3050 S.W. 38TH COURT 3050 S.W. 38TH COURT										
MIAMI FL 33146 MIAMI FL 33146			DO NOT WRITE IN THIS SPACE							
							3. Date Incorporated or Qualifed	_	_	1
							01/27/1995			
2. Principal P	lace of Business	2a.	Mailing Address			_	4. FEI Number	Ар	plied For	
21	•	26					65-0552275		t Applicable	
Suite, Apt.	#, etc.		Suite, Apt. #, etc.				5. Certifcate of Status Desired	\$8.75		
22		27		<del></del>			The state of the s	Fee Re	.:	==
City & State	e .	$\vdash$	City & State				6. Election Campaign Financing	<b>\$5.00</b> Added t		
23		28	Zip	Car	intry	_	Trust Fund Contribution		O rees	ĺ
Zip	Country	29	Ζψ	30	пиу		This corporation owes the current year in Personal Property Tax.	Yes	□No	
24	9. Name and Address of Curre		tered Agent	301		_	10. Name and Address of New Registered			1
	The state of the s			_	81	Name				1
LOT	T, GEORGE J				02	Chart Adde	ess (P.O. Box Number is Not Acceptable)	_		1
5975	5 SUNSET DR.				82	Street Addre	ess (P.O. Box Number is Not Acceptable)			ĺ
	TE 302				83					]
MIAI	MI FL 32301				84	City	<del></del>	85 Zip (	Code	ł
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11. Pursuant	to the provisions of Sections 607.05	02 and 6	07.1508, Florida Statut	es, the a	bove	-named corpo	oration submits this statement for the purpose on's board of directors. I hereby accept the app	of changing its	registered gistered	
office or r	egistered agent, or both, in the State im familiar with, and accept the oblig-	ations of,	Section 607.0505, Flo	rida Stat	utes.	ile corporatio	ins board of directors. I hereby accept the app	omanora do ro	9,010.00	ĺ
SIGNATURE	_							_		ļ
	Signature, typed or printed name of registered ag-	ent and title	Ganallaskia (MOTE	. Dogistaros	A	signature required	when reinstation) DATE			1 .
			,		Agent		1 11(01. (01.04.04.04)	ND DIRECTO	RS IN 12	1 8
12.	OFFICERS A		CTORS	13.			ADDITIONS/CHANGES TO OFFICERS A			
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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 or an attachment with an address, with all other like empowered.

SIGNATURE:

TUPE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Dayti

Daytime Phone #