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PROFIT CORPORATION **ANNUAL REPORT**

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000017327

1. Corporation Name

BELDARRAIN AUTO CENTER & TIRE, INC.

FILED Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90135 013 ***150.00



| | | | | | | | | | ! 6 6 |
|---|---|---|-----------------------------------|-----------------|---------------------------|-------------------------------|---|------------------------|---------------------------|
| Principal Place of Business Mailing Address | | | | | | | i janiton ein inrat mitre anet gefüt detet | HUUN 11011 1800 H 4111 | # 1 011 1681 1691 |
| 1500 S.W. 67TH AVENUE MIAMI FL 33144 | | 1500 S.W. 67TH AVENUE Miami Fl 33144 | | | | DO NOT WRITE IN 1 | HIS SPACE | | |
| | | | | | | 3. | Date Incorporated or Qualifed | | |
| | | | | | | | 03/02/1995 | | ļ |
| 2. Principal Place of Business | | 2a. Mailing Address | | | | 4. | FEI Number | A | pplied For |
| 21 | | 26 | | | | 65-0560582 | N | ot Applicable | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | 5. | Certificate of Status Desired | | A iditional equired | |
| City & Stat | | City & State | | | | _ | | | |
| 23 | | 28 | ٦ ` | | | 6. | Election Campaign Financing Trust Fund Contribution | • | t/lay Be |
| Zip | Cour try | Zip | Country | ntry | | 8. | This corporation owes the current year | r ntangible | |
| 24 | 25 | 29 30 | | | | | Persor at Property Tax. | Yes | □No |
| Name and Address of Current Registered Agent | | | | | | 10. | Name and Address of New Registe | red Agent | |
| 5151 | | | 81 | | Name | | | | |
| | DARRAIN, RENE R | | 82 | 1 5 | Street Ac dre | ss (P | O. Box Number is Not Acceptable) | | |
| 8435 S.W. 43RD STREET | | | | | | | | | |
| MIAI | MI FL 33144 | | 83 | 1 | | | | | |
| | | | 84 | | City | | | 85 Zip | Code |
| office or r | to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obliga | of Florida, Such change was auth | orized by | the | amed corpo corporation | ration | n submits this statement for the purpos pard of cirectors. I hereby accept the a | e of changing its | s registered egistered |
| SIGNATURE | | | | | | | reinstating) OATI | | |
| Signature, typed or printed name of registered agent and title if applicable. (NOTI : Reg 12. OFFICERS AND DIRECTORS | | | gistered Agent signature required | | | | ADDITIC NS/CHANGES TO OFFICERS | | DES IN 12 |
| TITLE | | | 1.1 TITLE | | | | 1001110 110101111020 10 01 110211 | ☐ Change | Addition |
| NAME | BELDARRAIN, RENE R | | 1.2 NAME | | | | | | i |
| STREET ADDRESS 8435 S.E. 43RD STREET | | | 1.3 STREET ADDRESS | | DDEGG | | | | 1 |
| | 1814 51 00455 | | | 1.4 CITY-ST-ZIP | | | | | |
| CITY-ST-ZIP | D | | | 1 TITLE | | | | Change | Addition |
| NAME | BELDARRAIN, JOSE R | | 2.2 NAME | | | | | _ • | |
| STREET ADDRESS 8460 S.E. 43RD TERRACE | | | 2.3 STREET ADDRESS | | ORESS | | | | |
| | | | | 2.4 CITY-ST-ZIP | | | | | į |
| CITY-ST-ZIP MIAMI FL 33155 | | □ DELETE | 3.1 TITLE | | | | | Change | Addition |
| NAME | | | 3.2 NAME | | | | | _ | _ |
| | | | 33 STREE | TAD | DDECC | | | | ļ |
| STREET ADDRESS | | | SSSIKEE | (AU | DUE99 | | | | |

5 3 STREET ADDRESS STREET ADDRES 5.4 CITY ST ZIP CITY-ST-ZIP 6.1 TITLE Addition ☐ DELETE ☐ Change TITLE NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRES 6.4 CITY-ST-ZIP CITY-ST-ZIP

3.4. CITY-ST-ZIP

43 STREET ADDRESS 4.4 CITY-ST-ZIP

4.1 TITLE

4. 2 NAME

5170TE

5.2 NAME

□ DELETE

☐ DELETE

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 uncer 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 all other like empowered.

SIGNATURE:

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

TITLE

NAME

Pene Bellarrais \$ 120/99 (305) 261-8240

Change

☐ Change

☐ Addition

☐ Addition