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

**PROFIT CORPORATION ANNUAL REPORT** 

**19**98



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000018706 (8)

CARDERA ALITO WORKS INC

Principal Place of Business	Mailing Address	
2026 NW 23RD CT MIAMI FL	2026 NW 23RD CT Miami Fl	

**FILED** May 01 1998 8:00am Secretary of State

OAIIIL.	INA AUTO WONKS, INC.				
Principal Place	e of Business	Mailing Address			
· .		· ·			
2026 NW 23R Miami Fl	io Ci	2026 NW 23RD CT MIAMI FL			
WINNESS CE		WARANT CE			DO NOT WRITE IN THIS SPACE
					3. Date Incorporated or Qualified
					03/08/1995
	lace of Business	2a. Mailing Address			4. FEI Number Applied For
21		26			APPLIED FOR 65-0564079 Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.			5. Certificate of Status Desired S8.75 Additional		
27				Fee Required	
City & State City & State				6. Election Campaign Financing \$5.00 May Be	
23		28		<del></del>	Trust Fund Contribution Added to Fees
Zip	Country	Z <sub>I</sub> p	Count	ry	8. This corporation owes or has paid the current year Intangible
24	25		30	_ <del></del>	Personal Property Tax due June 30. Yes No
	9, Name and Address of Cur	rent Registered Agent	8		10. Name and Address of New Registered Agent
	SKY, CARLOS		8	1 Name	
	SKY & VACCARO, P.A.		8	2 Street Addre	ress (P.O. Box Number is Not Acceptable)
	5 E 49TH STREET				
H H	NLEAH FL 33013		6	3	
			8-	4 City	■ 85 Zip Code
				<u> </u>	<b>FL</b>
11. Pursuant	to the provisions of Sections 607.0	1502 and 607.1508, Florida Statute	es, the abo	ve-named corp	poration submits this statement for the purpose of changing its registered tion's board of directors. I hereby accept the appointment as registered
agent. La	m familiar with, and accept the ob	oligations of, Section 607.0505, Flo	rida Statut	es	don's board of directors. Thereby accopit the appointment as registered
SIGNATURE					
	Signature, typed or printed name of registered		. Registered A	gent signature require	
12.		AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	DP	☐ DELETE	1.1 TITLE	, I	Change Addition
NAME	LOPEZ, CARLOS A		1.2 NAM	ŧ	
STREET ADDRESS	2026 NW 23RD CT		1.3 STRE	et address	
CITY-ST-ZIP	MIAM! FL		1.4 CITY		
TITLE	DV	☐ DELETE	2.1 TITLE		L Change L Addition
NAME	LOPEZ, DIANA		2.2 NAME	· [	
STREET ADDRESS	2026 NW 23RD CT		2.3 STRE	ET ADDRESS	
CITY-ST-ZIP	MIAMI FL		2. 4 CITY	- ST - ZIP	
TITLE		☐ DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREE	et address	
CITY-ST-ZIP			3.4. CITY	- ST-ZIP	
TITLE		DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4, 2 NAM	E	
STREET ADDRESS			4.3 STREI	ET ADDRESS	
CITY-ST-ZIP			4.4 CITY-	ST-ZIP	
TITLE		DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME	:	
STREET ADDRESS			5.3 STREE	et address	
CITY-ST-ZIP			5.4 CITY-		
TITLE	<del></del>	DELETE	6.1 TITLE		Change Addition
NAME		_	6.2 NAME		_ · · <del>_</del>
STREET ADDRESS				ET ADDRESS	
CITY-ST-ZIP		<b>-</b> ~\	6.4 CITY-		
	ently that the information supplies	with this filler does not qualify for			Section 119 07(3)(i). Florida Statutes. I further certify that the information

from this annual report or supplyinfortial 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 if director of the corporation of the deceiver or truston empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in 2 or Block 13 if chapter 607 or is attact them with an address.