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

CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P95000022786 (4)

ALESAM AUTO EXPORTS, INC.

Principal Place of Business Mailing Address 1701 W. FLAGLER ST., #F-7 1701 W. FLAGLER ST., #F-7 MIAMI FL 33135 **MIAMI FL 33135** DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 03/21/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 26 65-0576052 21 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Regulred City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution 23 28 Added to Fees Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible 24 30 Personal Property Tax due June 30. ✓ Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 21 Name MARQUEZ, EUGENIO J 1831 S.W. 15TH STREET Street Address (P.O. Box Number is Not Acceptable) **MIAMI FL 33145** 83 84 City 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) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DELETE 1.1 TITLE Change \_\_\_ Addition TITLE MARQUEZ, EUGENIO J NAME 1.2 NAME R2E034 1831 S.W. 15TH STREET STREET ADDRESS 1.3 STREET ADDRESS MIAMI FL 33145 1.4 CITY-ST-ZIP CITY - ST - ZIP DELETE Change Addition TITLE 2.1 TITLE IBANEZ, ISABEL NAME 22 NAME 2539 S. BAY SHORE DRIVE, #429 2.3 STREET ADDRESS STREET ADDRESS MIAMI FL 2. 4 CITY-ST-ZIP CITY-ST-ZIP DELETE \_\_\_ Change Addition TITLE 3.1 TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS

6.4 CITY-ST-ZIP CITY-ST-ZIP 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:

4.4 CITY-ST-ZIP

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY - ST- ZIP

5.2 NAME

6.1 TITLE 6.2 NAME

☐ DELETE

DELETE

CITY - ST - ZIP

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

TITLE

NAME

Change

Change

Addition

\_\_\_ Addition

**FILED** 

Feb 09 1998 8:00am

Secretary of State