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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000051942 (7)

Principal Plac 9325 W OKE SUITE 1 HIALEAH GA	AUTO SALES, INC. DE OF BUSINESS ECHOBEE RD RDENS FL 33016	Mailing Address 102070 N.W. 126TH STR HIALEAH GARDENS FL	ÆET	DO NOT WRITE	/	
US				3. Date Incorporated or Qualified		
2. Principal F	Place of Business	2a, Mailing Address		07/05/1995 4. FEI Number	Applied For	
21		26		65-0601761	Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Regulred	
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be	
23	1 6	28		Trust Fund Contribution	Added to Fees	
Zip 24	Country 25	Ζφ [29]	Country 30	8. This corporation owes or has paid		
<u> </u>	9. Name and Address of Curre		[30]	Personal Properly Tax due June 3 10. Name and Address of New Reg	. · 	
FA	BAL, NAYIBE Z		81 Nam		The state of the s	
10207 N.W. 126TH STREET HIALEAH GARDENS FL 33016			82 Stree	ot Address (P.O. Box Number is Not Acceptable	tress (P.O. Box Number is Not Acceptable)	
			63	ATTION OF A TOTAL POLICE TO NOT ACCOPTANT		
			03			
		84 City		FL 85 Zip Code		
SIGNATURE	Signature, typed or printed mone of registered ag	gentarist title it applicable. (NO	L: Apgistered Agent signati	ed corporation submits this statement for the purporation's board of directors. I hereby accept rerequired when relastating)	the appointment as registered DATE	
12.	OFFICERS AF	ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICE		
TITLE NAME	FABAL, MAYIBE Z	DELETE	1.1 11116		☐ Change ☐ Addition	
STREET ADDRESS	10207 N.W.1 26TH STREET		1.2 NAME 1.3 STREET ADDRESS			
CITY-ST-ZIP	HIALEAH GARDENS FL 3301	16	1.4 CITY - \$1 - 7IP	'		
TITLE		DELETE	21 TITLE		Change Addition	
NAME			2.2 NAME	İ		
STREET ADDRESS			2 3 STREET ADDRESS	3		
CITY-ST-7IP TITLE	· · - · · · · · · · · · · · · · · ·	DELFTE	2. 4 CITY-ST-ZIP 3.1 TITLE		Change Addition	
NAME		ET BUILT	3.1 MTF		Finance Fixention	
STREET ADDRESS			3.3 STREET ADDRESS		,	
CITY-ST-ZIP	<u> </u>		3.4 CITY-ST-ZIP			
TALE		DELETE	4.1 TITLE		☐ Change ☐ Addition	
NAME			4. 2 NAME	·		
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP TITLE		OFLETE	4.4 CHY-ST-ZIP 5.1 TITLE	90000248 -04/14/980100	Change Addition	
NAME			5 2 NAME	***150.00	1	
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-S1-ZIP			5.4 CHY+ST-7IP			
THILE	•) DELETE	6.1 TITLE		☐ Change ☐ Addition	
NAME			6.2 NAME		IC	
STREET ADDRESS			6.3 STREET ADDRESS	i	47.	

14. Thereby 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 logal effect as if made under eath; 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 extinces.

Mayibe Z. Fabal

3/30 (205) 8277733

FILED

Apr 13 1998 8:00am

Secretary of State

3B2E034 (10/07)