## 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 # P95000077866 (8)

CALIMA AUTO SALES, CORP

Principal Place of Business

Mailino Address

## **FILED** Apr 24 1998 8:00am Secretary of State



8725 N.W. 117 STREET BAY 14 HIALEAH G. FL 83018		8725 N.W. 117 STREET ( HIALEAH G. FL 33018	8725 N.W. 117 STREET BAY 14 HIALEAH G. FL 33018		DO NOT WRITE IN THIS	SPACE		
					3. Date Incorporated or Qualified 10/06/1995	<u> </u>		
2. Principal 21	Place of Business	2a. Mailing Address	2a. Mailing Address 26		4. FEI Number 65-0614126	<del></del>	plied For t Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	<u>-                                     </u>		5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State		City & State	<del></del>		Election Campaign Financing     Trust Fund Contribution			
Zip 24	Country 25	Zip 29	Country 30	/	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.   ▶ Yes  No			
P-1	9. Name and Address of Curr		<u> </u>		10. Name and Address of New Registered	Agent		
	ROZCO, FRANCISCO J		81	Name				
8725 N.W. 117 STREET BAY 14 HIALEAH G. FL 33018			82	Street A	ddress (P.O. Box Number is Not Acceptable)			
			83					
			84	City	FL	85 Zip C	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 registeres	agent and trie if applicable (NOT	E: Registered Ag	ent signature re	equired when reinstating) DATE			
12.		AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AN	DIRECTORS	S IN 12	
TITLE	P DELETE		1.1 TITLE			Change	Addition	
NAME OROZCO, FRANCISCO J			1.2 NAME	1				
STREET ADDRESS 7210 N.W. 179 STREET, APARTMENT 204			1.3 STREE	T ADDRESS				
CITY-ST-ZIP				ST-ZIP				
TITLE			2.1 TITLE			Change	Addition	
NAME	CORREA, JUAN D		2.2 NAME					
STREET ADDRESS			2.3 STREET ADDRESS					
CITY-ST-ZIP	HIALEAH FL 33018		2. 4 CITY-	ST-ZIP				
TITLE	DELETE					Change	☐ Addition	
NAME	]		3.2 NAME					
STREET ADDRESS	<b>5</b>		3.3 STREE	1 ADDRESS				
CITY ST-ZIP	I'l brieze			ST-ZIP		TT Chross	Addition	
TITLE	[_] DELETE					☐ Change	L Addition	
NAME	•		4. 2 NAME					
STREET ADDRESS	3			T ADDRESS				
CITY-ST-ZiP		DELETE	4.4 CITY-	ST-ZIP		Change /	Addition	
TITLE		DECEIE	5.1 TITLE		·.		/ La /Madrillott	
NAME			5.2 NAME			5///	11	
STREET ADDRESS	· [			T ADDRESS	<i>// ,</i>	14/0	<b>y</b>	
CITY-ST-ZIP		DELETE	5.4 CITY- 6.1 TITLE	51-247	7000024992	Change	Addition	
TITLE			6.2 NAME		-04/24/98010320	23		
NAME ATTECT ADDRESS	.			T ADDRESS	***150.00	-		
STREET ADDRESS								
CITY-ST-ZIP			6.4 CITY-	S1-ZIP				

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.