PROFIT CORPORATION ANNUAL REPORT

1999

1. Corporation Name

2. Principal Place of Business

Suite, Apt. #, etc.

City & State



DOCUMENT # P95000078083

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

2a. Mailing Address

City & State

Suite, Apt. #, etc.

26

FILED Apr 26, 1999 8:00 am Secretary of State

04-26-1999 90066 014 ***158.75

DO NOT WRITE IN THIS SPACE

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Not Applicable

3. Date Incorporated or Qualifed

5. Certifcate of Status Desired

6. Election Campaign Financing

10/09/1995

<u>65-0615070</u>

4. FEI Number

MARTI AUTO SERVICE, CORP.		
Principal Place of Business	Mailing Address	FIGURE 115 JEUR BRITT BR
7833 N.W. 55 STREET MIAM) FL 33166	7833 N.W. 55 STREET MIAMI FL 33166	DO NOT WIDTE IN THIS SPACE

23			28				Trust Fund Contr	ibution	Added to	Fees		
~Zip	c	ountry	Zip	Cou	ntry		8. This corporation	owes the current year int				
24	25		29	30			Personal Propert			No		
	9. Name and A	Address of Current F	Registered Agent				10. Name and Addr	ess of New Registered	Agent			
					81 Name			•		1		
•	ITI, LUIS A	-		i	82 Street	Address	s (P.O. Box Number)	is Not Acceptable)				
	3 N.W. 55 STRE	E1			mi		MAR. PE	> RKWAY	648	2		
MIAN	MI FL 33166				83							
					84 City				85 Zip C	ode		
					100	RA	MAR	FL	- 33	22.3		
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 bein, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered												
office or registered agent, for both, in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. I am familiar with, and facept the obligations of, Section 607.0505, Florida Statutes.												
SIGNATURE	1 1914	EGG!	Luis	A, M	ARTI	,		1/07	99			
	Signature, typed at bript	d name of registered agent a			Agent signature r	required wi		/ DATE	ID DIDECTOR	OC IN 12		
12.		OFFICERS AND		13.			ADDITIONS/CHAI	NGES TO OFFICERS AF	Change	Addition		
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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, ogon an attachment with an address, with all other like empowered.

SIGNATURE: