## 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 #

1. Corporation Name

A & S AUTO INC

P95000092136 (7)

**FILED** Apr 22 1998 8:00am Secretary of State

| A & S AUTO, INC.  |   |   |               |   |  |
|---|---|---|---------------|---|--|
| Principal Place of Business   | Mailing Address   | <del></del>                               |               |   | 130 LOCIAR DEBRI 13090 OLEVE OTTE 4501                   |
| 14 EAST CARROLL STREET KISSIMMEE FL 34744   | 14 EAST CARROLL STF<br>KISSIMMEE FL 34744   | 14 EAST CARROLL STREET KISSIMMFF FL 34744 |               |   |  |
|   | mosmans is strift   |   |               | DO NOT WRITE IN 1   | THIS SPACE   |
|   |   |   |               | 3. Date Incorporated or Qualified 12/01/1995  |  |
| 2. Principal Place of Business  | 2a. Mailing Address   |   |               | 4. FEI Number   | Applied For  |
| 21  | 26  | 26  |               | 59-3345525  | Not Applicable   |
| Suite, Apt. #, etc.   | Suite, Apt. #, etc.   | h   |               | 5. Certificate of Status Desired  | \$8.75 Additional Fee Required                           |
| City & State  | City & State  |   |               | Election Campaign Financing     Trust Fund Contribution   | \$5.00 May Be  |
| Zip Coun  |   | Countr                                    | v             | Trust Fund Contribution L.  8. This corporation owes or has paid the                                    | 71000010100  |
| 24 25   | 29  | 30  |               | Personal Property Tax due June 30.  | Yes No   |
|   | ess of Current Registered Agent   |   |               | 10. Name and Address of New Registe   | ered Agent   |
| ALVA <b>RE</b> Z, ROBEDRTO  |   | 81  | Name          |   |  |
| 14 EAST CARROLL ST  | REET  | 82 Street Ac                              |               | Address (P.O. Box Number is Not Acceptable)   |  |
| KISSIMMEE FL 34744  |   | <u> </u>                                  |               | ,   |  |
|   |   | 83  | '             |   |  |
|   |   | 84  | City          |   | FI 85 Zip Code   |
| onice or registered agent, or no  | in, in the State of Florida. Such change was  | s authorized b                            | v the cor-    | d corporation submits this statement for the purporporation's board of directors. I hereby accept the   | ose of changing its registered appointment as registered |
| agent. I am familiar with, and ac SIGNATURE   | cept the obligations of, Section 607.0505, F  | Florida Statute                           | S.            | ,   | ,,   |
| Signature, typed or printed nar   |   | OTE: Registered Ag                        | ent signature |   | ATE  |
|   | DEFICERS AND DIRECTORS  | 13.                                       |               | ADDITIONS/CHANGES TO OFFICERS   |  |
| ALVADEZ DODE  | DELETE  | 1.1 TITLE                                 |               |   | Change Addition  |
| STREET ADDRESS 14 EAST CARRO  |   | 1.2 NAME                                  |               | İ   |  |
| CITY-ST-ZIP KISSIMMEE FL 3  |   |   | 1 ADDRESS     |   | •  |
| TITLE   | DELETE  | 1.4 CITY-ST-ZIP<br>2.1 TIYLE              |               | SD  | Change X Addition  |
| NAME  |   | 2.2 NAME                                  |               | ISSA M. ALVAREZ   | ,  |
| STREET ADDRESS  |   | 2.3 STREE                                 | T ADDRESS     | ISSA M. ALVAREZ<br>14 EAST CARROLL ST   | •  |
| CITY-ST-ZIP   |   | 2. 4 CITY-                                | ST-ZIP        | Kissimmee, FL. 34   | 1744   |
| TITLE   | ☐ DELET <b>E</b>  | 3.1 TITLE                                 |               |   | Change Addition  |
| MAME  |   | 3.2 NAME                                  |               |   |  |
| STREET ADDRESS  |   | 3.3 STREE                                 | T ADDRESS     | ·   |  |
| CITY-ST-ZIP   | Dr. Fre   | 3.4 CITY-                                 | ST-ZIP        |   |  |
| TITLE   | ☐ DELETE  | 4.1 TITLE                                 | i             |   | L Change L Addition                                      |
| NAME<br>STREET ADDRESS  |   | 4. 2 NAME                                 | 1000000       |   |  |
|   |   |   | ADDRESS       |   |  |
| CITY-ST-ZIP<br>TITLE  | DELETE  | 4.4 CITY - 5.1 TITLE                      | 51 - ZIP      |   | Change Addition  |
| NAME  |   | 5.2 NAME                                  |               |   | E Gundo E Modulou  |
| STREET ADDRESS  |   | 5.3 STREET                                | ADDRESS       |   |  |
| CITY-ST-ZIP   |   | 5.4 CITY - 5                              |               |   |  |
| TITLE   | DELETE  | 6.1 TITLE                                 | . 101         |   | Change Addition  |
| NAME  |   | 6.2 NAME                                  |               |   |  |
| STREET ADDRESS  |   | 6.3 STREET                                | ADDRESS       |   |  |
| CITY-ST-ZIP   |   | 6.4 CITY - 9                              |               |   |  |
| <ol> <li>I hereby certify that the informatic<br/>indicated on this annual report of</li> </ol> | on supplied with this filing does not qualify to supplemental annual report is true and ac- | for the exemp                             | lion state    | ed in Section 119.07(3)(i), Florida Statutes. I furthe  | er certify that the information                          |
| officer or director of the corporat<br>Block 12 or Block 13 if changed,                         | ion or the receiver or trustee empowered to<br>or on an attachment with an address.)        | execute this                              | report as     | gnature shall have the same legal effect as if made<br>required by Chapter 607, Florida Statutes; and t | that my name appears in                                  |