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

PROFIT CORPORATION ANNUAL REPORT

1998



Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000014344 (1)

FILED Feb 24 1998 8:00am Secretary of State

INVES	IMENIS AUTO BHORENS	, INC.								
Principal Plac	ce of Business	Mailing Ad	ddress				ı cansınnı iin taşın gilli adılı adılı b	akiit diliidi ilid	III BIUUU IJAII U	1011 0101 1001
580 W. 39TH PLACE 580 W. 3			W. 39TH PLACE							
HIALEAH FL	33012	HIALEAH	HIALEAH FL 33012				DO NOT WOLL	- 181 70 115 4	00405	
•						⊢	DO NOT WRITE 3. Date Incorporated or Qualified	IN THIS	SPACE	
2. Principal P	Place of Business	2a. Mailing	Address			-+	02/15/1996 4. FEI Number		ΠΔ,	pplied For
21		26				1	65-0645653			ot Applicable
Suite, Apt	#, etc		Suite, Apt. #, etc.							Additional
22		27				5. Certificate of Status Desired	. —	Fee Ro	equired	
City & Stat	le	City & State				6. Election Campaign Financing		\$5.00	May Be	
23	T Country	[28]					Trust Fund Contribution			to Fees
Zip 24	Country	Zip	ŀ	Count	ry		8. This corporation owes or has pa			
24	25 9. Name and Address of Curre	29 ent Registered A		30]			Personal Property Tax due June 10. Name and Address of New Re			_l No
W	EITZMAN, JACK L		g-//-	8	1 Name	'	IV. Hallie dita Addites di New Re	RIDIAL OC 1	-Aour	
	420 S.W. 109 ROAD			Į.						
	AMI FL 33176		82 Street A			Address	(P.O. Box Number is Not Acceptab	ole)		
7710	7441 1 C 30170			8	3			· · · · · ·		
				Ļ						
				84	4 City			FL	85 Zip (Code
11. Pursuant	to the provisions of Sections 607.05	02 and 607.1508	. Florida Statute	s, the abo	ve-named	corpora	tion submits this statement for the p	urpose of	changing it	s registered
agent. La	egistered agent, or both, in the Stat im familiar with, and accopt the obli	gations of, Section	i change was at n 607.0505, Flor	utnorizea t rida Statute	by the corp es.	oration	s board of directors. I hereby accep	ot the app	ointment as	registered
SIGNATURE										
12.	Signature, typind or printed name of registered as	gont and title it applicabl ND DIRLCTORS	io (NOTE		gent signature r	required w	hen reinstaling)	DATE		
TITLE	PD OFFICERS AF	ND DIRI CTORS	DELETE	13.	т		ADDITIONS/CHANGES TO OFFIC	ERS AND	DIRECTOR Change	RS IN 12 Addition
NAME	CRUZ, ROXANA		occine	1.2 NAME	- 1				L Change	L Addition
STREET ADDRESS	580 W. 39TH PLACE				I ADDRESS					
City-St-ZiP	HIALEAH FL 33012			1.4 CITY-						
TITLE			DELETE	21 TITLE	31-217				Change	Addition
NAME				2.2 NAME	i					
STREET ADDRESS				2.3 STREE	T ADDRESS					
CITY-ST-ZIP				2. 4 CITY	-ST-ZIP					i
TITLE			DELETE	3.1 TITLE					Change	Addition
NAME				3.2 NAME	i					1
STREET ADDRESS				3 3 STREE	T ADDRESS					-
CITY-ST-ZIP			<u></u>	3.4. CITY-	·ST - ZIP					
TITLE			DELETE	4.1 HILE					Change	Addition
NAME				4. 2 NAME						ĺ
STREET ADDRESS					T ADDRESS					
CITY-ST-ZIP TITLE			DILETE	4.4 CHTY- 5.1 THILE	SI-ZIP				☐ Change	Addition
NAME		'	La Dictil	5.2 NAME					T L OHRHÖG	LI MUNITON
STREET ADDRESS					T ADDRESS					
CITY-ST-ZIP				5.4 CITY -						
TITLE			DELETE	61 TITLE	01-511				Change	Addition
NAME				62 NAME				'		
STREET ADDRESS					1 ADDRESS					
CITY-ST-ZIP				6.4 CITY-	1					-
44 Lhorobico	postific that the information and in the	with the fitting of								

oplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information benefit annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an it receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in an attachment with an address.