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

PROFIT CORPORATION **ANNUAL REPORT** 1997



FLORIDA DEPARTMENT OF STATE

Sandra B, Mortham 🔭 .

Secretary of State DIVISION OF CORPORATIONS FILED

DOCUMENT # P96000024385 (2) AIRPORT AUTO SALES CORP.				SECRETARY OF STATE TALLAHASSEE, FLORIDA		
Principal Plac	e of Business	Mailing Address			DIU DINGO KINDA ODINI NIII INDI	
3254 N.W. 38 STREET 3254 N.W. 38 STREET MIAMI FL 33142 MIAMI FL 33142-5032						
				03/19/1996	Date of Last Report	
	Place of Business	20. Mailing Address	50)-060	4. FEI Number 65.0650342	Applied For	
Sulte, Apt.	#. elC.	Stite, Aprt. #, etc.	Sejman_		Not Applicable \$8.75 Additional	
22		27,314 41.20	o 5t	5. Certificate of Status Desired	Fee Required	
City & State	ө	Cyly State	rl	6. Election Campaign Financing	\$5.00 May Be	
23	1 - 0	28 /7/4/09/1	76	Trust Fund Contribution	Added to Fees	
Zip 24	Country	29 330/2 3	Country	8. This corporation has liability for intangit Florida Statutes	ole tax under s. 199,032,	
	9. Name and Address of Current		1	10. Name and Address of New Registere		
St. Name						
				Address (P.O. Box Number is Not Acceptable)		
314 W. 30 St			[]			
44	HIALE	Ah, FL.33012	2 83			
•	**		84 City		85 Zip Code	
11 -Purcuant	to the provisions of Sections 607.0502	and 607 1508 Florida Statutes	the above-named corr	poration submits this statement for the purpose		
office or r	egistered agent, or both, in the State of the familiar with, and accept the obligation	f Florida. Such change was aut	thorized by the corpora	ation's board of directors. I hereby accept the a	ppointment as registered	
Ĭ	an tamilal with, and accept the congati	oris or, section dov.osos, Front	ua Statulos.			
SIGNATURE	Signature, typod or printed name of registered agent	and title if applicable. (NOTE F	Registered Agent signature requ	pred when reinstating) DATE		
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS A		
TITLE	Juan C. Sleimo	N ~ □ OTLETE	1.1 TILLE		Change Addition	
NAME	314 W. 30 St HiAleAh FLZDIZ	1-hebibent	1.2 NAME			
STREET ADDRESS	HIALEAN FLADIZ	•	1.3 STREET ADDRESS			
CITY-ST-ZIP		DELETE	1.4 CITY- ST - ZIP 2.1 TITLE		Change Addition	
NAME			2.2 NAME			
STREET ADDRESS			2 3 STHEET ADDRESS		·	
CITY-ST-ZIP			2. 4 C/TY-ST-7IP	800002229	30284	
TITLE		DELETE	3.1 TITLE	80000222: -07/02/97-	-011060ge-0113/ddillion	
NAME			3.2 NAME	****165.00) ****165.00	
STREET ADDRESS			3.3 STREET ADDRESS			
CłTY-ST-ZIP		Desert	3.4. CITY - ST - ZIP	······································		
TITLE		☐ DELETE	4.1 Title		Change Addition	
NAME			4. 2 NAME		Nh .al	
STREET AD RESS			4.3 STREET ADDRESS			
City-St LIP TITLE		DELETE	4.4 CITY-ST-ZIP 5 1 THLE		Change Addition	
NAME		occ.,,	5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS		1	
CHTY-ST-ZIP			5.4 CITY-ST-ZIP			
TATLE		DELETE	6.1 Trile		☐ Change ☐ Addition	
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			

6.4 CITY-ST-ZIP 14. I do 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 and 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 of the certific that my name appears in Block 12 or Block 13 if changes on an attachment with an address.