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

**PROFIT** CORPORATION ANNUAL REPORT

1998



ELORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000028456 (7)

IMPORT AUTO WHOLESALE, INC.

Principal Place of Business Mailing Address 101-24 NW 80 AVE 291 W PARK DR HIA GARD FL 33016 #203 DO NOT WRITE IN THIS SPACE MIAMI FL 33172 3. Date Incorporated or Qualified 03/25/1996 2a. Mailing Address 4. FEI Number 2. Principal Place of Business Applied For in park on. ノタロ ねし 01-24 C91 Not Applicable 65-0651845 Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required City & State 6. Election Campaign Financing \$5.00 May Be Added to Fees Trust Fund Contribution 28 Country V. 5. Z Country 8. This corporation owes or has paid the current year Intangible Yes 29 Personal Property Tax due June 30. 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name GARRIDO, JOSEFA 291 W. PARK DR. #203 Street Address (P.O. Box Number is Not Acceptable) MIAMI FL 33172 83 84 City Zip 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 DATE Signature: typed or printed name of registored agent and title if applicable (NOTE Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. DELETE Change 1.1 TITLE TITLE GARRIDO, JOSEFA NAME 1.2 NAME 291 W. PARK DR. #203 STREET ADDRESS 1.3 STREET ADDRESS **MIAMI FL 33172** CITY-ST-ZIP 1.4 CITY - ST - ZIP Change Addition ☐ DELETE 2.1 TIFLE TITLE 22 NAME NAME STREET ADDRESS 2 3 STREET ADDRESS 2.4 CITY-ST-ZIP CITY-ST-ZIP Addition DELETE Change 31 TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 5.1 TITLE TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY+ST-ZIP CITY-ST-ZIP DELETE Change \_\_\_ Addition 6.1 TITLE TITLE 6.2 NAME NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

**FILED** May 05 1998 8:00am Secretary of State



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 600010014/25/98 (300)558-16-42

STREET ADDRESS

CITY-ST-ZIP