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1997 JUN 26 PM 1:09

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P96000030041 (3)

1. Corporation Name

GUS MACHADO AUTOMOTIVE CENTER, INC.

Principal Place of Business

1200 W. 49TH ST.  
HIALEAH FL 33012

Mailing Address

1200 W. 49TH ST.  
HIALEAH FL 33012-3217



3. Date Incorporated or Qualified

04/05/1996

3a. Date of Last Report

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

4. FEI Number

☒ Applied For  
☐ Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐ \$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

MACHADO, GUS  
1200 W. 49TH ST.  
HIALEAH FL 33012

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME MACHADO, GUS  
STREET ADDRESS 1200 W. 49TH ST.  
CITY-ST-ZIP HIALEAH FL 33012

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

400002227974-5

07/01/97-01/01/98

\*\*\*\*165.00 \*\*\*\*165.00

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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 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, or on an attachment with an address.

SIGNATURE:

4-23-97 (305) 820-2525

CR2E034 (9/96)

**Form SS-4**  
(Rev. December 1995)  
Department of the Treasury  
Internal Revenue Service

## Application for Employer Identification Number

(For use by employers, corporations, partnerships, trusts, estates, churches,  
government agencies, certain individuals, and others. See instructions.)

## EIN

OMB No. 1545-0003

► **Keep a copy for your records.**

|  |      |                         |  |  |  |
|--|------|-------------------------|--|--|--|
| 1 Name of applicant (Legal name) (See instructions.)<br><b>GUS MACHADO AUTOMOTIVE CENTER, INC.</b>   |      |                         |  |  |  |
| 2 Trade name of business (If different from name on line 1)  |      |                         | 3 Executor, trustee, "care of" name                                |  |  |
| 4a Mailing address (street address) (room, apt., or suite no.)<br><b>1200 West 49th Street</b>   |      |                         | 5a Business address (If different from address in lines 4a and 4b) |  |  |
| 4b City, state, and ZIP code<br><b>Hialeah, FL 33012</b>   |      |                         | 5b City, state, and ZIP code                                       |  |  |
| 6 County and state where principal business is located<br><b>Dade, Florida</b>   |      |                         |  |  |  |
| 7 Name of principal officer, general partner, grantor, owner, or trustee — SSN required (See instructions.) ▶<br><b>Gus Machado, President</b>   |      |                         |  |  |  |
| 8a Type of entity (Check only one box.) (See instructions.)  |      |                         |  |  |  |
| <input type="checkbox"/> Sole proprietor (SSN) _____<br><input type="checkbox"/> Partnership <input type="checkbox"/> Personal service corp.<br><input type="checkbox"/> REMIC <input type="checkbox"/> Limited liability co.<br><input type="checkbox"/> State/local government <input type="checkbox"/> National Guard<br><input type="checkbox"/> Other nonprofit organization (specify) ▶ _____ (enter GEN if applicable)<br><input checked="" type="checkbox"/> Other (specify) ▶ <b>Corporation</b>        |      |                         |  |  |  |
| 8b If a corporation, name the state or foreign country (if applicable) where incorporated  |      | State<br><b>FLORIDA</b> |  | Foreign country  |  |
| 9 Reason for applying (Check only one box.)  |      |                         |  |  |  |
| <input checked="" type="checkbox"/> Started new business (specify) ▶ _____<br><input type="checkbox"/> Hired employees<br><input type="checkbox"/> Created a pension plan (specify type) ▶ _____<br><input type="checkbox"/> Banking purpose (specify) ▶ _____<br><input type="checkbox"/> Changed type of organization (specify) ▶ _____<br><input type="checkbox"/> Purchased going business<br><input type="checkbox"/> Created a trust (specify) ▶ _____<br><input type="checkbox"/> Other (specify) ▶ _____ |      |                         |  |  |  |
| 10 Date business started or acquired (Mo., day, year) (See instructions.)<br><b>4/5/96</b>   |      |                         |  | 11 Closing month of accounting year (See instructions.)<br><b>December</b> |  |
| 12 First date wages or annuities were paid or will be paid (Mo., day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (Mo., day, year) ..... ▶ <b>N/A</b>   |      |                         |  |  |  |
| 13 Highest number of employees expected in the next 12 months. Note: If the applicant does not expect to have any employees during the period, enter -0-. (See instructions.) ..... ▶  |      |                         |  | Nonagricultural<br><b>0</b>  | Agricultural<br><b>0</b>   |
| 14 Principal activity (See instructions.) ▶ <b>Automotive</b>  |      |                         |  | Household<br><b>0</b>  |  |
| 15 Is the principal business activity manufacturing? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If "Yes," principal product and raw material used ▶  |      |                         |  |  |  |
| 16 To whom are most of the products or services sold? Please check the appropriate box.<br><input checked="" type="checkbox"/> Public (retail) <input type="checkbox"/> Other (specify) ▶ _____ <input type="checkbox"/> Business (wholesale) <input type="checkbox"/> N/A   |      |                         |  |  |  |
| 17a Has the applicant ever applied for an identification number for this or any other business? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>Note: If "Yes," please complete lines 17b and 17c.  |      |                         |  |  |  |
| 17b If you checked "Yes" on line 17a, give applicant's legal name and trade name shown on prior application, if different than name shown on line 1 or 2 above.<br>Legal name ▶ _____ Trade name ▶ _____   |      |                         |  |  |  |
| 17c Approximate date when and city and state where the application was filed. Enter previous employer identification number if known.<br>Approximate date when filed (Mo., day, year) _____ City and state where filed _____ Previous EIN _____  |      |                         |  |  |  |
| Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.  |      |                         |  |  | Business telephone number (include area code)<br><b>(305) 827-2116</b> |
| Name and title (Please type or print clearly.) ▶ <b>Gus Machado, President</b>   |      |                         |  |  | Fax telephone number (include area code)<br><b>(305) 827-2116</b>      |
| Signature ▶   |      |                         |  |  | Date ▶ <b>6/25/97</b>  |
| Note: Do not write below this line. For official use only.   |      |                         |  |  |  |
| Please leave blank ▶   | Geo. | Ind.                    | Class  | Size   | Reason for applying  |