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FILED

May 28 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandia B. Mofham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P96000043261 (2)

1. Corporation Name  
COOL AUTO SALES, INC.



Principal Place of Business

308 SW 185TH WAY  
PEMBROKE PINES FL 33029

Mailing Address

308 SW 185TH WAY  
PEMBROKE PINES FL 33029-5433

3. Date Incorporated or Qualified

05/21/1996

3a. Date of Last Report

2. Principal Place of Business

21 Suite Apt #, etc

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite Apt #, etc

27 City & State

29 Zip

30 Country

4. FEI Number

05-0606823

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

FUENTES, HAYDEE  
308 SW 185TH WAY  
PEMBROKE PINES FL 33029

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 DP ☐ DELETE

NAME FUENTES, HAYDEE  
STREET ADDRESS 308 SW 185TH WAY  
CITY-ST-ZIP PEMBROKE PINES FL 33029

TITLE DS ☐ DELETE

NAME COLLIER, RICARDO  
STREET ADDRESS 308 SW 185TH WAY  
CITY-ST-ZIP PEMBROKE PINES FL 33029

TITLE DT ☐ DELETE

NAME AMEZQUITA, EDGAR  
STREET ADDRESS 308 SW 185TH WAY  
CITY-ST-ZIP PEMBROKE PINES FL 33029

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 DPS FUENTES, HAYDEE  
1.3 STREET ADDRESS 308 SW 185TH WAY  
1.4 CITY-ST-ZIP PEMBROKE PINES, FL 33029

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME AMEZQUITA, EDGAR  
2.3 STREET ADDRESS 308 SW 185TH WAY  
2.4 CITY-ST-ZIP PEMBROKE PINES, FL 33029

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME  
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 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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-22-97

Date

0954/704 7287

Daytime Phone #

CR2E034 (9/96)