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PROFIT CORPORATION ANNUAL REPORT

1997

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

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Apr 07 1997 8:00am

Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000044941 (8)

1. Corporation Name NORTH MIAMI AUTO FACILITY, INC. Principal Place of Business Mailing Address 19915 W. DIVIE HWY 19915 W. DIVIE HWY						
13015 W. DIXIE HWY. NORTH MIAMI FL 33161		13015 W. DIXIE HWY. NORTH MIAMI FL 33161-4951				
				3. Date Incorporated or Qualifie 05/28/1996	d 3a, Date of Last F	Report
	lace of Business	2a. Mailing Address		4. FEI Number 65-06730	209	pplied For
Suite, Apt	#, etc	26 Suite, Apt. #, etc.			¢0.75	ot Applicable Additional
22		27	· · · · · · · · · · · · · · · · · · ·	5. Certificate of Status Desired	1 1 7 - "	equired
City & State	9	City & State		6. Election Campaign Financing		May Be
Z _(D)	Country	28	Country	Trust Fund Contribution		to Fees
24]	25	29	30	 This corporation has liability f Florida Statutes 	or intangible tax under s	3. 199.032,
=======================================	g, Name and Address of Curr			10. Name and Address of New		•
VAL	LE, CELESTE C		81 Name			
1820	HIBISCUS DR.		82 Street Ad	dress (P.O. Box Number is Not Accep	table)	
NOF	RTH MIAMI FL 33181		63			
			16-3	-		
			84 City		FL 85 Zip	Code
11. Pursoant to office or reason: Lai	to the provisions of Sections 607.0 egistered agent, or both, in the Sta m familiar with, and accept the obt	502 and 607.1508, Florida Sta ate of Florida. Such change wa ligations of, Section 607.0505	atutes, the above-named co as authorized by the corpor Florida Statutes.	propration submits this statement for the ration's board of directors. I hereby ac	e purpose of changing cept the appointment as	ts registered registered
2,						
SIGNATURE	Signary types or personal disease of registered a		NOTE: Registered Agent signature req		DATE	
SIGNATURE		agent and lide if applicable (DATE FICERS AND DIRECTOR	RS IN 12
SIGNATURE 12. TEH	OFFICERS A	agent and title if sopi cable (NOTE: Registered Agent signature req	guired when reinstating)	DATE	
SIGNATURE 12. TELE NAME	OFFICERS A DP VALLE, CELESTE C	agent and lide if applicable (NOTE: Registered Agent signature req 13. 1.1 TITLE 1.2 NAME	guired when reinstating)	DATE FICERS AND DIRECTOR	
SIGNATURE 12. TICLE NAME STREET ADDRESS	OFFICERS A DP VALLE, CELESTE C 1820 HIBISCUS DR.	agent and lide if applicable (NOTE: Registered Agent signature req 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS	guired when reinstating)	DATE FICERS AND DIRECTOR	
SIGNATURE 12. TELE NAME	OFFICERS A DP VALLE, CELESTE C 1820 HIBISCUS DR. NORTH MIAMI FL 33181	agent and lide if applicable (NOTE: Registered Agent signature req 13. 1.1 TITLE 1.2 NAME	guired when reinstating)	DATE FICERS AND DIRECTOR	Addition
SIGNATURE 12. TOLE NAME SIREET ADDRESS CITY STIZE	OFFICERS A DP VALLE, CELESTE C 1820 HIBISCUS DR. NORTH MIAMI FL 33181 DST	agent and ideal sopication (NO DIRECTORS DELETE	NOTE: Registered Agent signature req 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-S1-ZIP	guired when reinstating)	DATE FICERS AND DIRECTOR Change	Addition
SIGNATURE 12. TICLE NAME STREET AFORESS CITY ST. 765 TITLE NAME	OFFICERS A DP VALLE, CELESTE C 1820 HIBISCUS DR. NORTH MIAMI FL 33181	agent and ideal sopication (NO DIRECTORS DELETE	NOTE: Registered Agent signature red 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TIFLE	guired when reinstating)	DATE FICERS AND DIRECTOR Change	Addition
SIGNATURE 12. THE NAME STREET ATORIESS CITY ST. 716	OFFICERS A DP VALLE, CELESTE C 1820 HIBISCUS DR. NORTH MIAMI FL 33181 DST LEON, HERIBERTO	agent and title if augmentatio (NO DIRECTORS DELETE	NOTE: Registered Agont signature req 13. 1.1 TITLE 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	guired when reinstating)	DATE FICERS AND DIRECTOR Change	Addition
SIGNATURE 12. TITLE NAME SIBSELATORESS OUT SL 705 TITLE NAME STREELADDRESS OUT SL 707 TITLE	OFFICERS A DP VALLE, CELESTE C 1820 HIBISCUS DR. NORTH MIAMI FL 33181 DST LEON, HERIBERTO 580 NE 127TH ST., #30	agent and ideal sopication (NO DIRECTORS DELETE	NOTE: Registered Agent signature req 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-S1-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-S1-ZIP 3.1 TITLE	guired when reinstating)	DATE FICERS AND DIRECTOR Change	Addition
SIGNATURE 12. TILE NAME SIBSELADORESS CITY ST ZIP TITLE NAME STREELADORESS CITY ST ZIP TITLE NAME	OFFICERS A DP VALLE, CELESTE C 1820 HIBISCUS DR. NORTH MIAMI FL 33181 DST LEON, HERIBERTO 580 NE 127TH ST., #30	agent and title if augmentatio (NO DIRECTORS DELETE	NOTE: Registered Agont signature req 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-S1-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME	guired when reinstating)	DATE FICERS AND DIRECTOR Change	Addition
SIGNATURE 12. TIELE NAME SIBERT ADDRESS CITY ST. 70° TITLE NAME SIBERT ADDRESS CITY-ST-20° TITLE NAME SIBERT ADDRESS SIBERT ADDRESS	OFFICERS A DP VALLE, CELESTE C 1820 HIBISCUS DR. NORTH MIAMI FL 33181 DST LEON, HERIBERTO 580 NE 127TH ST., #30	agent and title if augmentatio (NO DIRECTORS DELETE	NOTE: Registered Agont signature req 13. 1.1 TITLE 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	guired when reinstating)	DATE FICERS AND DIRECTOR Change	Addition
SIGNATURE 12. TITLE NAME STREEL ADDRESS OUT ST. 765 DITLE HAME STREEL ADDRESS COTY ST. 202	OFFICERS A DP VALLE, CELESTE C 1820 HIBISCUS DR. NORTH MIAMI FL 33181 DST LEON, HERIBERTO 580 NE 127TH ST., #30	agent and title if augmentatio (NO DIRECTORS DELETE	NOTE: Registered Agont signature req 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-S1-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME	guired when reinstating)	DATE FICERS AND DIRECTOR Change	
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SIGNATURE 12. TILE NAME SIBSELATORESS CITY ST 76 TILE HAME SIBSELATORESS CITY ST 76 TILE NAME	OFFICERS A DP VALLE, CELESTE C 1820 HIBISCUS DR. NORTH MIAMI FL 33181 DST LEON, HERIBERTO 580 NE 127TH ST., #30	agent and ide if superatio (AND DIRECTORS DELETE DELETE DELETE	NOTE: Registered Agent signature req 13. 1.1 TITLE 12 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 22 NAME 23 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 32 NAME 33 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	guired when reinstating)	DATE FICERS AND DIRECTOR Change Change	Addition Addition Addition
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