Apr 08, 1999 8:00 am Secretary of State

04-08-1999 90101 011 ***150.00

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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # DOG

1. Corporation	S AUTO SALES, INC.	000205			
Principal Place of Business Mailing Address					
1624 NW 38 AVE. 1624 NW 38 AVE. LAUDERHILL FL 33311 LAUDERHILL FL 33311				DO NOT WRITE IN THIS SP.	ACE
	_		<u>-</u>	3. Date Incorporated or Qualifed 08/08/1996	
2. Principal Pl	ace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		65-0678161	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	1000L	5. Certifcate of Status Desired	68.75 Additional Fee Required
City & State	3	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year Intang	ible
24	25	29	0	Personal Property Tax.	Yes □No
·	9. Name and Address of Current	Registered Agent	81 Name	10. Name and Address of New Registered Age	ent
TAYLOR, MICHAEL 720 NW 148TH ST. MIAMI FL 33168 82 Street Address (P.O. Box Number is Not Acceptable) 83 Street Address (P.O. Box Number is Not Acceptable) 84 City and Cit					
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 PATE DATE					
	Signature, typed of printed name of registered agen		egistered Agent signature requi	ADDITIONS/CHANGES TO OFFICERS AND I	
12.	OFFICERS AN	D DIRECTORS DELETE	13.		Change Addition
TITLE	- -	C perese	1.2 NAME	_	
NAME	RICHARDSON, DERICK C				
STREET ADDRESS	5971 N.W. 17TH PLACE, #205		1.3 STREET ADDRESS		
CITY-ST-ZIP	SUNRISE FL 33313	☐ DELETE	1.4 CITY-ST-ZIP 2.1 TITLE		Change Addition
TITLE		Doctete			, ,
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP		☐ DELETE	2. 4 CITY-ST-ZIP		Change Addition
TITLE		Ópere	3.1 TITLE		, 1
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CTTY-ST-ZIP		□ DELETE	3.4. CfTY-ST-ZiP		Change Addition
TITLE		☐ DELETE	4.1 TITLE	_	, c.,
NAME			4, 2 NAME		\
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP		-	4.4 CITY-ST-ZIP		Change Addition
) TITLE		☐ DELETE	5.1 TITLE	L	141190 P. Veguilou

CITY-ST-ZiP 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 Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

52 NAME

6.1 TITLE

6.2 NAME

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

DELETE

Change

☐ Addition