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 # P96000089419

1. Corporation Name

AUTOMOTIVE EQUIPMENT GROUP, INC.

Mailing Address

Apr 15, 1999 8:00 am Secretary of State

04-15-1999 90100 004 ***150.00



r illicipar riace	or Dualifeaa	Mailing Address					
1843 N.W. 93RE		1843 N.W. 93RD AVENUE					
MIAMI FL 33172	2	MIAMI FL 33172			DO NOT WRITE IN	THIS SDACE	•
US		US			DO NOT WRITE IN 3. Date Incorporated or Qualifed	THIS SPACE	
		•			•		
	 _				10/28/1996 4. FEI Number	; T	Applied For
	ace of Business	2a. Mailing Address	. 5	LST		<u> </u>	
	N.W. 56 ST	26 8655 N. U	· · ·	5 U	65-0733820		Not Applicable
Suite, Apt.		- Suite, Apt. #, etc	Suite, Apt.,#, etc >		5. Certificate of Status Desired	7	*Additional **** Required
22 Ainni, torida		27					
City & State		City & State	Ŧ/		6. Election Campaign Financing		May Be
					Trust Fund Contribution		d to Fees
— ^{Zip} ⊋>#	Country	Zip	Count	ade	8. This corporation owes the current ye		
24 33/4		29 33/66 3			Personal Property Tax.	Yes	□No
·	9. Name and Address of Current	Registered Agent		al si	10. Name and Address of New Regist	erea Agent	
0.64 D	DEDO CUTULE		١	1 Name			l
MARRERO, RUTH E				2 Street Add	ress (P.O. Box Number is Not Acceptable)		
6220 N.W. 173 ST #734				8659	5 N.W. 56ST		
MAIM	Al FL 33015 .		8	3	-		٠
			-	4 01		85 Zij	Code
			6	4 City M	Ami		3166
11 Pursuant	to the provisions of Sections 607 0502	and 607 1508 Florida Statutes	the abo		protion authority this statement for the purpo	co of changing i	te registered
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		13.	gent aignature requir	ADDITIONS/CHANGES TO OFFICER		ORS IN 12
TITLE	PD	DELETE	1.1 TTU		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Change	
NAME .	MARRERO, RUTH E	_	1.2 NAM				
	6220 N.W. 173 STREET #734			c	3655 N.W. 56 ST.		{
STREET ADDRESS			110		YIAMI, Florida 331	66	. (
CITY-ST-ZIP	MIAMI FL 33015	□ DELETE	1.4 CITY 2.1 TITLI		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		e
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NAME			2.2 NAM				i
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CITY-ST-ZIP				-ST-ZIP		D01	
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NAME			3.2 NAM	l l			j
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NAME			5.2 NAM		·	.—	1
			ľ	ET ADDRESS			·
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NAME							` [
STREET ADDRESS				ET ADDRESS			
	1.			07 70			

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.

