Apr 13, 1999 8:00 am Secretary of State

04-13-1999 90100 022 \*\*\*150.00

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

Mailing Address

**PROFIT** CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P96000100052

1. Corporation Name

Principal Place of Business

U S GLOBAL AUTO SALES INC.

401 E. 24 ST. HIALEAH FL 33010		PO BOX 2652 HIALEAH FL 33012 US		DO NOT WRITE IN THIS SPACE  3. Date incorporated or Qualifed			
					12/11/1996		
2. Principal Pla	ace of Business	2a. Mailing Address 26			4. FEI Number 65-0713024	<del></del>	pplied For ot Applicable
Suite, Apt. #	#, etc.	Suite, Apt. #, etc.			_		Additional
22		27			5. Certificate of Status Desired	Fee R	equired
City & State	3	City & State	City & State		6. Election Campaign Financing		May Be.
23	ا الماد	28	28		Trust Fund Contribution	Added	to Fees
Zip	Country	Zip			8. This corporation owes the current year Inta		
24 33013 25 29 30			0		Personal Property Tax.	□Yes	□No
Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
CLAREZ DEDDO			81	81 Name			
SUAREZ, PEDRO 401 E. 24 ST.			82	Street	Address (P.O. Box Number is Not Acceptable)		
HIALEAH FL 33010			83				
••			84	City	FI	85 Zip	Code
				,	FL	<u> </u>	
-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 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, board or oppled parts of registered agent and tills if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE							
	Signature, typed or printed name of registered agent	· · · · · · · · · · · · · · · · · · ·		it signature i	ADDITIONS/CHANGES TO OFFICERS AN	D DIRECT	OPS IN 12
12.	OFFICERS AND	DELETE	13.		ADDITIONS/CHANGES TO OFFICERS AN	X Change	Addition
TITLE	DP	(1) DECE 15				(rg onengo	
NAME	SUAREZ, PEDRO		1.2 NAME				
STREET ADDRESS	401 E. 24 ST.		1.3 STREE	~	22	3013	
CITY-ST-ZIP	HIALEAH FL 33010	- Deleve	1.4 CTY-S		<u> </u>	(X) Change	Addition
TITLE	DV	☐ DELET <b>E</b>	2.1 TITLE			My change	
NAME	SUAREZ, DAISY		2.2 NAME				1
STREET ADDRESS	401 E. 24 ST.		2.3 STREE	$\sim$	22	013	J
CITY-ST-ZIP			2. 4 CITY-5	T(ZP)	33	□ Change	Addition
TITLE		☐ DELETE	3.1 TITLE			Change	Addition }
NAME	1 - Land - Land	، نے ری <del>د</del> ی ہے س	3.2 NAME		<u></u>		ł
STREET ADDRESS			3.3 STREE				
CITY-ST-ZIP			3.4. CITY-S	T-ZIP	· · · · · · · · · · · · · · · · · · ·	Change	☐ Addition
ΠLE		☐ DELETÉ	4.1 TITLE			☐ Change	☐ ∀azurou
NAME			4, 2 NAME				
STREET ADDRESS			4.3 STREE				
CITY-ST-ZIP	,		4.4 CITY-S	T-ZIP		Charas	Addition
TITLE		☐ DELETE	5.1 TITLE			Change	
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREE				
CITY-ST-ZIP			5.4 CITY-S	r-ZIP		□ Char	Addition
TITLE		☐ DELETE	6.1 TITLE			☐ Change	
NAME.			6.2 NAME				
STREET ADDRESS			6.3 STREE		1		}
CITY-ST-ZIP			6.4 CITY-S	T-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 an attachment with an address, with all other like empowered.

SIGNATURE: