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 # **P97000009762**1. Corporation Name

Principal Place of Business

PRESTIGE AUTO TRANSPORT, INC.

3543 N ANDREWS AVE OAKLAND PARK FL 33309 US		3543 N ANDREWS AVE OAKLAND PARK FL 33309 US			DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 01/27/1997						
2. Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number			Ap	plied For	
21		26				65-0722374				ot Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Statu	s Desired		•	Additional equired	i
22		27						· 			l
City & State) · - 	City & State				6. Election Campaig		ــــــــــــــــــــــــــــــــــــــ	\$5.00 Added	May Be	<u>.</u>
23		28	Count	-		Trust Fund Contril				io rees	
Zip	Country	Zip 29 30	Count	ıry		8. This corporation of Personal Property			Yes	□No	
24	9. Name and Address of Current		-			10. Name and Addre					ļ
	9. Name and Address of Current	. Kegistered Agent	8	31 Na	ime	10: 1141110 2112 1445					i
HERNANDEZ, ALBERT JR 260 NW 35TH ST			8			ss (P.O. Box Number is	Not Acceptable) Aue	<u></u>		
OAKLAND PARK FL 33309				33	3543) <u> </u>	CHI W J				Į
				0	ARLAN	and DIC FI		33	309		ĺ
			8	34 Cit	ty	•		FI ^{l'}	35 Zip	Code	ĺ
office or re	to the provisions of Sections 607.050% egistered agent, or both, in the State of m familiar with, and accept the obligat	nf Florida. Such change was autho	onzed b	by the c	med corpor corporation	ration submits this state 's board of directors. I	ment for the pur nereby accept th	pose of cha e appointm	anging its ent as re	registered egistered	
SIGNATURE	Signature, typed or printed name of registered agent	MOTE 9			at we required t	when reinstating)		DATE	,		1
12.	Signature, typed or printed name of registered agent		13.	faur adus	atale required a	ADDITIONS/CHAN		_	DIRECTO	DR\$ IN 12	l
TITLE	D	☐ DELETE	1.1 TITLE	E					Change	☐ Addition	l
NAME	HERNANDEZ, ALBERT, JR		1.2 NAM	E							ĺ
STREET ADDRESS	260 NW 35 ST		1.3 STRE	EET ADOF	RESS						l
CITY-ST-ZIP	OAKLAND PARK FL 33309		1.4 CITY	-ST-ZIP							l
TITLE	D	☐ DELETE	2.1 TITLE						Change	☐ Addition	l
NAME :	HERNANDEZ, JOSEPH A		2.2 NAM	ΙE		•				!	1
STREET ADDRESS	260 NW 35 ST		2.3 STR	EET ADDF	RESS						١
CITY-ST-ZIP	OAKLAND PARK FL 33309	. /	2. 4 CITY	Y-ST-ZIP	·						
TITLE	D	DELETE	3.1 TITL	E] Change	Addition	=
NAME	RAMPONE, EMILIO		.3.2 NAM	E	نحنانت						
STREET ADORESS	260 NW 35TH ST		3.3 STRE	EET ADDF	RESS						İ
CITY-ST-ZIP	OAKLAND PARK FL 33309		3.4. CITY	Y-ST-ZIP							ļ
TITLE		☐ DELETE	4,1 TITLE	E				L] Change	☐ Addition	İ
NAME	•		4. 2 NAM	ΛE							İ
STREET ADDRESS			4.3 STRI	EET ADDF	RESS						İ
CITY-ST-ZIP			4.4 CITY	-ST-ZIP							ļ
TITLE		☐ DELETE	5.1 TTTLI] Change	Addition	ĺ
NAMÉ			5.2 NAM								}
STREET ADDRESS				EET ADDI	RESS						Ì
CITY-ST-ZIP				-ST-ZIP				<u></u>	7.05		ļ
TITLE		☐ DELETE	6.1 TITL		- 1			Ε] Change	☐ Addition	l
NAME			6.2 NAM								
STREET ADDRESS			6.3 STRI	EET ADDF	RE\$S						l

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.

CITY-ST-ZIP

FILED Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90085 017 ***158.75