

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

**FILED**  
**Apr 29, 1999 8:00 am**  
**Secretary of State**

04-29-1999 90134 011 \*\*\*150.00

0225761

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State <b>DIVISION OF CORPORATIONS</b>
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**DOCUMENT # P97000009881**

1. Corporation Name  
**E B R AUTO SALES INC.**

Principal Place of Business  
**2000 SW 57TH AVE**  
**MIAMI FL 33155**  
**US**

Mailing Address  
**2000 SW 57 AVE**  
**MIAMI FL 33155**  
**US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 <b>P.O. BOX 5312</b>		01/31/1997	
22 City & State		27 Suite, Apt. #, etc.		4. FEI Number	
23 Zip		28 <b>MIAMI</b>		65-0722903	
24 Country		29 <b>33014</b>		Applied For	
25		30 <b>USA</b>		Not Applicable	
9. Name and Address of Current Registered Agent				5. Certificate of Status Desired	
PEREZ, ROBERTO				<input type="checkbox"/>	
14721 LEWIS RD				<b>\$8.75 Additional Fee Required</b>	
MIAMI LAKES FL 33014				6. Election Campaign Financing	
				<input type="checkbox"/>	
				<b>\$5.00 May Be Added to Fees</b>	
				8. This corporation owes the current year Intangible	
				Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	
				10. Name and Address of New Registered Agent	
				81 Name	
				ROBERTO PEREZ	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				10850 S.W. 88 ST #414	
				83	
				84 City	
				MIAMI	
				85 Zip Code	
				FL 33176	

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 re/instating)

DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PEREZ, ROBERTO		1.2 NAME		
STREET ADDRESS	14721 LEWIS RD		1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI LAKES FL 33014		1.4 CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PEREZ, LAZARO C		2.2 NAME		
STREET ADDRESS	7785 SW 88TH ST #E415		2.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33143		2.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Robert Perez*

4-24-99 (305) 862-6800

CR2E034 (11/98)