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FILED
Apr 17 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000016122 (8)

1. Corporation Name

ROSADO'S DISCOUNT CLUTCH & AIR, INC.



Principal Place of Business

Mailing Address

1313 E NEW ORLEANS AVE
TAMPA FL 33603

1313 E NEW ORLEANS AVE
TAMPA FL 33603

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/17/1997

4. FEI Number

59-3425559

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐

Yes

☒

No

2. Principal Place of Business

2a. Mailing Address

21 12101 N. Nebraska Ave

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Tampa FL

27

City & State

City & State

23 33612 TAMPA FL

28

Zip

Country

24 33612

25 Hillsborough

29

Country

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ROSADO, ANGELICA
1313 E NEW ORLEANS AVE
TAMPA FL 33603

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

Angelica Rosado
Signature, typed or printed name of registered agent and title if applicable

President
(NOTE: Registered Agent signature required when reinstating)

DATE

4-8-98

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME ROSADO, ANGELICA
STREET ADDRESS 1313 E NEW ORLEANS AVE
CITY-ST-ZIP TAMPA FL 33603

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE STD
NAME ROSADO, SAMUEL
STREET ADDRESS 1313 E NEW ORLEANS AVE
CITY-ST-ZIP TAMPA FL 33603

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE VD
NAME ROSADO, LYDIA
STREET ADDRESS 1313 E NEW ORLEANS AVE
CITY-ST-ZIP TAMPA FL 33603

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE VD
NAME ROSADO, SAMUEL II
STREET ADDRESS 1313 E NEW ORLEANS AVE
CITY-ST-ZIP TAMPA FL 33603

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE VD
NAME ROSADO, MARCUS A
STREET ADDRESS 1313 E NEW ORLEANS AVE
CITY-ST-ZIP TAMPA FL 33603

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
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.

SIGNATURE

Angelica Rosado

4-8-98

413-632-9435

CR2E034 (10/97)