

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

**FILED**  
**Jun 10 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 # P97000034730 (6)**  
 1. Corporation Name  
**D & H AUTO WHOLESALE, INC.**



DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address  
**1700 WATERS AVE. WEST TAMPA FL 33614**      **1700 WATERS AVE. WEST TAMPA FL 33614**

3. Date Incorporated or Qualified

**04/17/1997**

2. Principal Place of Business 2a. Mailing Address

21 **D & H Auto Wholesale, Inc.** 26 **1700 W. Waters Ave.**  
 Suite, Apt. #, etc. Suite, Apt. #, etc.

4. FET Number

**59-3454896**

Applied For  
 Not Applicable

22 City & State

**Tampa, FL**

23 Zip Country

**33612 Hillsb.**

24 25 29 30

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

9. Name and Address of Current Registered Agent

**QUINONES, DANIEL**  
**1700 WATERS AVE. WEST**  
**TAMPA FL 33614**

10. Name and Address of New Registered Agent

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

Signature: typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent Signature, required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE  DELETE  
 NAME **PD QUINONES, DANIEL**  
 STREET ADDRESS **10017 N. 25TH ST.**  
 CITY-ST-ZIP **TAMPA FL 33612**

TITLE  DELETE  
 NAME **SD HERNANDEZ, MAUNIEL**  
 STREET ADDRESS **10017 N. 25TH ST.**  
 CITY-ST-ZIP **TAMPA FL 33612**

TITLE  DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

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

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

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

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

6.1 TITLE  Change  Addition  
 6.2 NAME  
 6.3 STREET ADDRESS  
 6.4 CITY-ST-ZIP

**100002557071**  
**-06/11/98--01079--022**  
**\*\*\*150.00**

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.

*Mauniel Hernandez*

CR2E034 (10/97)