

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
May 06, 1999 8:00 am  
Secretary of State

05-06-1999 90194 021 \*\*\*150.00

DOCUMENT # P97000040610

1. Corporation Name  
ISAMED AUTO SERVICES, INC.

Principal Place of Business  
4385 N.W. 7TH STREET  
MIAMI FL 33126

Mailing Address  
4385 N.W. 7TH STREET  
MIAMI FL 33126

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/07/1997

4. FEI Number

65-0751078

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 the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 3557 N.W. N° River Dr.  
Suite, Apt. #, etc.

2a. Mailing Address

26 3557 N.W. N° River Drive  
Suite, Apt. #, etc.

City & State

23 MIAMI, FLORIDA  
Zip Country

City & State

28 MIAMI, FL 33142  
Zip Country

24 25 30

9. Name and Address of Current Registered Agent

MEDEROS, IDEL  
4385 N.W. 7TH STREET  
MIAMI FL 33126

10. Name and Address of New Registered Agent

81 Name

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

3557 NW No River Drive

83

84 City MIAMI

FL

85 Zip Code 33142

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 PD ☐ DELETE  
NAME MEDEROS, IDEL  
STREET ADDRESS 4385 N.W. 7TH STREET  
CITY-ST-ZIP MIAMI FL 33126

TITLE VD ☐ DELETE  
NAME MEDEROS, SARA C  
STREET ADDRESS 4385 N.W. 7TH STREET  
CITY-ST-ZIP MIAMI FL 33126

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD ☒ Change ☐ Addition  
1.2 NAME SARA C. MEDEROS  
1.3 STREET ADDRESS 3557 NW NO RIVER DRIVE  
1.4 CITY-ST-ZIP MIAMI, FL 33142

2.1 TITLE VD ☒ Change ☐ Addition  
2.2 NAME IDEL MEDEROS  
2.3 STREET ADDRESS 3557 NW NO. RIVER DRIVE  
2.4 CITY-ST-ZIP MIAMI, FL 33142

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

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 #

CR2E034 (1/198)

0181423