## 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

## DOCUMENT # P9700063856

1. Corporation Name.

LORDS AND JOES AUTO SALES, INC.

· ·	
Principal Place of Business	Mailing Address
7064 S.W. 4TH ST. MIAMI FL 33144	7064 S.W. 4TH ST. Miami FL 33144

## **FILED** Apr 30, 1999 8:00 am Secretary of State

04-30-1999 90041 040 \*\*\*150.00



Principal Place	e of Business	Mailing Address		· <u> </u>	1 188158 bi tin 1811) 14841 8845 mail 1811) an		0-114 A11 (25)
7064 S.W. 4TH ST. 7064 S.W. 4TH ST. MIAMI FL 33144				DO NOT WRITE IN THIS SPACE			
	· ;				3. Date Incorporated or Qualifed		<del>, ,,,</del>
					07/23/1997		
2. Principal Pl	lace of Business	2a. Mailing Address			4. FEI Number	Ap	plied For
21		26			65-0751746	<del></del>	t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired .	\$8.75 A	
City & State	e	City & State			6. Election Campaign Financing Trust Fund Contribution	\$5.00 Added	
Zip	Country		Country	<u> </u>	8. This corporation owes the current year		
24	. 35	29 30	,		Personal Property Tax.	Yes	□No
	9 Name and Address of Curren		<del>-</del>		10. Name and Address of New Registers	ed Agent	
			81	Name			
PUE	rto, daisy		82	Street Adds	ress (P.O. Box Number is Not Acceptable)		
	S.W. 26TH ST.		82	Street Addit	ess (F.O. Dox Number is Not Acceptable)		
MIAN	VII FL 33155		83				
	i Tagasan sa		84	City		85 Zip	Code
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Statutes, the	e above	e-named corp	oration submits this statement for the nurnose	of changing its	registered
l office or re	egistered agent, or both, in the State m familiar with, and accept the obligation	of Florida. Such change was authori	zea by	the corporation	on's board of directors. I hereby accept the ap	pointment as re	gistered
]	m tarrillar with, and accept the conga-	dons of, Section 607.0303, Fibrida S	(ZiGiGG	· <b>-</b>			
SIGNATURE	Signature, typed or printed name of registered agen	it and title if applicable. (NOTE: Registe	ered Ager	nt signature required			
12.		D DIRECTORS 1	13.		ADDITIONS/CHANGES TO OFFICERS		
TITLE	PD	DELETE 1.	1 TITLE			☐ Change	☐ Addition
NAME	PUERTO, DAISY	1.	.2 NAME				
STREET ADDRESS	6540 S.W. 26TH ST.	1.	.3 STREET	T ADDRESS			
CITY-ST-ZIP	MIAMI FL 33155	1.	4 CITY-S	T-ZIP			
TITLE		DELETE 2.	1 TITLE			☐ Change	☐ Addition
NAME		2.	2 NAME	.			
STREET ADDRESS		. 2.	.3 STREET	T ADDRESS			
CITY-ST-ZIP			. 4 CITY-8	ST- ZIP	<u> </u>	<u> </u>	
TITLE		☐ DELETE 3.	1 TITLE			☐ Change	☐ Addition
NAME		3.	2 NAME				
STREET ADDRESS	· '	3.	.3 STREE	TADORESS	• •		
CITY-ST-ZIP	·		4 CITY-5	ST-ZIP			Addition to
TITLE		· ·	.1 TITLE			☐ Change	☐ Addition
NAME			, 2 NAME	i			
STREET ADDRESS		1		TADDRESS	•		
CITY-ST-ZIP			4 CITY-S	ST-ZIP		F70	☐ Addisi
TITLE			1 TITLE	ŀ		Change	☐ Addition
NAME			2 NAME			-	
STREET ADDRESS				TADORESS		, ,	
CITY-ST-ZIP			4 CITY-S	ST-ZIP		[] Chance	☐ Addition
TITLE '			.1 ITTLE			Change	☐ Audition
NAME		1	2 NAME	T +0000000			
STREET ADDRESS				TADDRESS			
1	l ' .	- E	4 CITY C	7 7ID i			

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 toutee 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 or an attachment with an address, with all other like empowered.

SIGNATURE:

REQUIRED IGNING OFFICER OR DIRECTOR