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 # **P97000074420**1. Corporation Name

ADONAI AUTO SALES CORP.

FILED Mar 09, 1999 8:00 am Secretary of State

03-09-1999 90015 027 ***150.00



Principal Place	of Business	Mailing Address					60114 12851 01611 4 7858	
		129 WEST 29TH STREET HIALEAH FL 33012				DO NOT WRITE IN	THIS SPACE	
						3. Date Incorporated or Qualifed 08/27/1997		
2. Principal Pla	ace of Business	2a. Mailing Address	a. Mailing Address			4. FEI Number	. Ap	plied For
21		26				65-0777840		t Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75 A Fee Re	
22		City & State				 	<u></u>	
City & State	· · · · · · · · · · · · · · · · · · ·	28				6. Election Campaign Financing Trust Fund Contribution	\$5.00 Added t	- 1
Zip	Country	Zip	Country	′		8. This corporation owes the current year		
24	25	29 30				Personal Property Tax.	Yes	□No
Name and Address of Current Registered Agent					•	10. Name and Address of New Registe	ared Agent	——-
PETISCO DENSCO, JOSE L			81					
129 WEST 29TH STREET			82	32 Street Address (P.O. Box Number is Not Acceptable)				
HIAL	EAH FL 33012		83					
			84	City			FL 85 Zip C	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.							registered gistered	
SIGNATURE	· · · · · · · · · · · · · · · · · · ·							
0.	Signature, typed or printed name of registered agen			nt signature r	required wh	nen reinstating) DA		DC IN 42
12.			13.		1	ADDITIONS/CHANGES TO OFFICER	Change	Addition
TITLE	PD DOCE I		1.1 TITLE			·	Onlange	
NAME	PETISCO, JOSE L 129 WEST 29TH STREET		1.2 NAME	T ADDRESS				
STREET ADDRESS	HIALEAH FL 33012		1.4 CITY-S					
CITY-ST-ZIP TITLE	VD	DELETE 2.1 TI		11-ZIP			☐ Change	Addition
NAME	FERNANDEZ. ORLANDO							
STREET ADDRESS	129 WEST 29TH STREET	i		T ADDRESS				- {
CITY-ST-ZIP	HIALEAH FL 33012		2. 4 CITY-					
TITLE			3.1 TITLE				☐ Change	☐ Addition
NAME			3.2 NAME					
STREET ADDRESS			3.3 STREE	TADDRESS				
CITY-ST-ZIP			3.4. CITY-	ST-ZIP				
TITLE	TD	☐ DELETE 4	4.1 TITLE				Change	. Addition
NAME	FERNANDEZ, MERCEDES		4. 2 NAME					ļ
STREET ADDRESS	129 WEST 29TH STREET		4.3 STREE	TADDRESS			•	
CITY-ST-ZIP	HIALEAH FL 33012		4.4 CITY-5	T-ZIP			·	
TITLE			5.1 TITLE				. Change	☐ Addition
NAME			5.2 NAME]		•	
STREET ADDRESS				T ADDRESS				
CITY-ST-ZIP			5.4 CITY-: 6.1 TITLE	si-ZIP			Change	Addition
TITLE		<u> </u>	6.2 NAME					[] Addition
NAME				TADORESS		•		
STREET ADDRESS		1//	6.4 CITY.					

The qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information frue and accurate and that my signature shall have the same legal effect as if made under oath; that I am an empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in address, with all other like empowered. 14. I hereby certify that the information supplied with this indicated on this annual report or supplemental applied officer or director of the corporation or the receip Block 12 or Block 13 if changed, or on an attack

SIGNATURE: