

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 # P97000104347

1. Corporation Name ALLY IMPORTS INC.



Principal Place of Business 5267 LONESOME DOVE DR. KISSIMMEE FL 34746

Mailing Address 5267 LONESOME DOVE DR. KISSIMMEE FL 34746

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 535 PARK AVENUE NORTH

2a. Mailing Address 26 535 PARK AVENUE NORTH

3. Date Incorporated or Qualified 12/10/1997

4. FEI Number 12-24-98 EIN 59- NOT APPLICABLE 3547756 Applied For Not Applicable

22 SUITE # 123

27 SUITE # 123

5. Certificate of Status Desired \$8.75 Additional Fee Required

23 WINTER PARK FL

28 WINTER PARK FL

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

24 32789 25 U.S.A

29 32789 30 U.S.A

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent HAEGELE, MICHELE ANN 12179 APOPKA VINELAND ROAD SUITE #217 ORLANDO FL

10. Name and Address of New Registered Agent 81 Name GIANDOMENICO CARDELLINI 82 Street Address (P.O. Box Number is Not Acceptable) 5267 LONESOME DOVE DR. 83 84 City KISSIMMEE FL 85 Zip Code 34746

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 Giandomenico Cardellini GIANDOMENICO CARDELLINI 4-18-99 DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	Change Addition
NAME	HAEGELE, MICHELE A	1.2 NAME	
STREET ADDRESS	5267 LONESOME DOVE DR.	1.3 STREET ADDRESS	GIANDOMENICO CARDELLINI
CITY-ST-ZIP	KISSIMMEE FL 34746	1.4 CITY-ST-ZIP	5267 LONESOME DOVE DR. KISSIMMEE FL 34746
TITLE	VM	2.1 TITLE	Change Addition
NAME	CARDELLINI, GIANDOMENICO	2.2 NAME	
STREET ADDRESS	5267 LONESOME DOVE DR.	2.3 STREET ADDRESS	
CITY-ST-ZIP	KISSIMMEE FL 34746	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	Change Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	Change Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	Change Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	Change Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: Giandomenico Cardellini SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-18-99 407-397-9340 Date Daytime Phone #

CR2E034 (11/98)