PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P98000006173

Principal Place 1787 SW 67TH MIAMI FL 33150	OF MIAMI AUTOMOTIVE EC	Mailing Address 1787 SW 57TH AVE. MIAMI FL 33155			DO NOT WRITE IN TH 3. Date Incorporated or Qualifed 01/20/1998]
Principal Place of Business				4 EEI Number	Ap	plied Far	1	
21 26				65-0806866	No	t Applicable]	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 A Fee Re			
City & State		City & State		6. Election Campaign Financing	\$5.00	May Be	1	
23	• 		. <u>-</u>		Trust Fund Contribution	Added t		
Zip	Country	Zip	Con	nby	8. This corporation owes the current year	ntangible		
24	25	29	30		Personal Property Tax.		□No	1
	9. Name and Address of Currer	nt Registered Agent			10. Name and Address of New Registers	d Agent		1
202	DOUGT FRANKLY			81 Name				1
1	RIGUEZ, FRANK V			82 Street Add	ress (P.O. Box Number is Not Acceptable)			1
1787 SW 67TH AVE.							1	
MEAN	MI FL 33155			83				{
				84 City	F	85 Zip C	Code	1
11. Pursuant	to the provisions of Sections 607.050	02 and 607,1508. Florida Statute	s, the al	by the corporal	poration submits this statement for the purpose on's board of directors. I hereby accept the app	of changing its cintment as re-	registered gistered	
agent. I as	m familiar with, and accept the obliga	ations of, Section 607.0505, Flori	da Stati	ites.		·		ł
SIGNATURE								
SIGNATURE	Signature, typed or printed name of registered age	nt and title if applicable. (NOTE:	Registered	J106. Agent signature reques	ad when reinstating) DATE			(86)
SIGNATURE	Signature, typed or printed name of registered age OFFICERS AN			Agent signature require				(11/98)
SIGNATURE 12. TITLE	Signature, hosed or printed name of registered age OFFICERS AN	nt and title if applicable. (NOTE: NOTE: N	Tegistered	Agent signature requer	ad when reinstating) DATE	ND DIRECTO	RS IN 12	34 (11/98)
SIGNATURE 12. TITLE NAME	Signature, typed or primod name of registered age OFFICERS AN PSTD RODRIGUEZ, FRANK V	nt and title if applicable. (NOTE: NOTE: N	13. 1.1 111 1.2 N/	Agent signature requer	ad when reinstating) DATE	ND DIRECTO	RS IN 12	E034 (11/98)
SIGNATURE 12. TITLE NAME STREET ADDRESS	Signature, hosed or printed name of registered age OFFICERS AN	nt and title if applicable. (NOTE: NOTE: N	13. 1.1 TI 1.2 N/ 1.3 ST	Agent signature require	ad when reinstating) DATE	ND DIRECTO	RS IN 12	R2E034 (11/98)
SIGNATURE 12. TITLE NAME	Signature, typed or primed name of registered age OFFICERS AN PSTD RODRIGUEZ, FRANK V 7830 SW 32TH TERR.	nt and title if applicable. (NOTE: NOTE: N	13. 1.1 TI 1.2 N/ 1.3 ST	Agent signature require LE ME REET ADDRESS IY-ST-ZIP	ad when reinstating) DATE	ND DIRECTO	RS IN 12	CR2E034 (11/98)
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or primed name of registered age OFFICERS AN PSTD RODRIGUEZ, FRANK V 7830 SW 32TH TERR.	IN and title if applicable. (NOTE: ND DIRECTORS DELETE	13. 1.1 111 1.2 N/ 1.3 ST 1.4 CF	Agent signature request LE ME REET ADDRESS IY- ST-ZIP LE	ad when reinstating) DATE	UND DIRECTO	RS IN 12	CR2E034 (11/98)
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SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or primed name of registered age OFFICERS AN PSTD RODRIGUEZ, FRANK V 7830 SW 32TH TERR.	IN and title if applicable. (NOTE: NO DIRECTORS DELETE	13. 1.3 TI 1.2 N/ 1.3 ST 1.4 CF 2.1 TI 2.2 N/ 2.3 ST 2.4 CF	Agent signature request LE ME REET ADDRESS IY- ST-ZIP LE ME REET ADDRESS ITY- ST-ZIP LE LE LE LE LE LE LE LE LE L	ad when reinstating) DATE	ND DIRECTO Change Change	RS IN 12 Addition	CR2E034 (11/98)
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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:

Mar 05, 1999 8:00 am Secretary of State

03-05-1999 90038 043 ***150.00