

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
Mar 26, 1999 8:00 am
Secretary of State

03-26-1999 90026 010 ***158.75

DOCUMENT # P98000015460

1. Corporation Name

CABELLO DRIVING SCHOOL, CORP.

Principal Place of Business

10360 SW 16 STREET
MIAMI FL 33174

Mailing Address

10360 SW 16 STREET
MIAMI FL 33174

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/17/1998

4. FEI Number

65-0813768

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional
Fee Required

6. Election Campaign Financing

□

\$5.00 May Be
Added to Fees

Trust Fund Contribution

□

8. This corporation owes the current year intangible

Personal Property Tax.

□ Yes

X No

2. Principal Place of Business

21 19788 S.W. 177 AVE

Suite, Apt. #, etc.

2a. Mailing Address

26 19788 S.W. 177 AVE

Suite, Apt. #, etc.

22 City & State

23 Miami, FL

Zip

24 33187

Country

25 USA

27 City & State

28 Miami, FL

Zip

29 33187

Country

30 USA

9. Name and Address of Current Registered Agent

CABELLO, ARIAGNA
10360 SW 16 STREET
MIAMI FL 33174

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip 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.

SIGNATURE

X Ariagna Cabello

(NOTE: Registered Agent signature required when reinstating)

DATE

03/22/99

12. OFFICERS AND DIRECTORS

TITLE PTD
NAME CABELLO, JOSE R
STREET ADDRESS 10360 SW 16 STREET
CITY-ST-ZIP MIAMI FL 33174

□ DELETE

TITLE SD
NAME CABELLO, ARIAGNA
STREET ADDRESS 10360 SW 16 STREET
CITY-ST-ZIP MIAMI FL 33174

□ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

□ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

□ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

□ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

□ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE □ Change □ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

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: X

Ariagna Cabello

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/22/99

Date

305-234-5066

Daytime Phone #

CR2E034 (11/98)

0237696