

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 # P98000015555

1. Corporation Name
TRUEBA AUTO SALES, CORP.

Principal Place of Business

452 N.W. 79 STREET
MIAMI, FL 33150

Mailing Address

452 N.W. 79 STREET
MIAMI, FL 33150

APPROVED
AND
FILED

99 OCT 21 PM 12:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



4-2-99 90090019

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 511 NW 79th STREET

Suite, Apt. #, etc.

22 City & State
23 MIAMI, FL 33150

24 Zip Country
25 33150

2a. Mailing Address

26 511 NW 79th STREET

Suite, Apt. #, etc.

27 City & State
28 MIAMI, FL

29 Zip Country
30 33150

3. Date Incorporated or Qualified

02/17/1998

4. FEI Number

05-0813446

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional

Fee Required

6. Election Campaign Financing

Trust Fund Contribution ☐

\$5.00 May Be

Added to Fees

7. This corporation owes the current year Intangible

Personal Property Tax.

☐ Yes ☐ No

9. Name and Address of Current Registered Agent

TRUEBA, HOMERO F
452 N.W. 79 STREET
MIAMI FL 33150

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DPS
TRUEBA, HOMERO F
452 N.W. 79 STREET
MIAMI FL 33150

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

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 in an attachment with an address, with all other officers empowered.

SIGNATURE:

Signature and typed or printed name of officer or director

3/14/99

305-751-9090

Date

Daytime Phone

CF2E034 (1.1.98)