

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

0222043

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000021574

1. Corporation Name
INDEPENDENT AUTO SALES & REPAIRS, INC.

Principal Place of Business
**240 NW 71 STREET
MIAMI FL 33150**

Mailing Address
**240 NW 71 STREET
MIAMI FL 33150**

2. Principal Place of Business

2a. Mailing Address

21 []
Suite, Apt #, etc.

26 **271 NW 99 ST**
Suite, Apt #, etc.

23 City & State
MIAMI FL

27 City & State
MIAMI FL

24 Zip
33135

29 Zip
33150

30 Country
USA

9. Name and Address of Current Registered Agent

**CEANT, ANTOLES
240 NW 71 STREET
MIAMI FL 33150**

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 the applicant

(Date, in full, of filing of this report with the Department of State)

2/26/99

12. OFFICERS AND DIRECTORS

TITLE	PSTD	[] DELETE
NAME	CEANT, ANTOLES	
STREET ADDRESS	271 NW 99 STREET	
CITY-ST-ZIP	MIAMI FL 33150	
TITLE		[] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	[] Change [] Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	[] Change [] Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	[] Change [] Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	[] Change [] Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	[] Change [] Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	[] Change [] Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

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****150.00 ****150.00

FILED
30 MAR - 1 PM 2:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

- 3. Date incorporated or qualified
03/06/1998
- 4. FEE Number: 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
- 8. This corporation owns the current year intangible personal property tax: Yes No
- 10. Name and Address of New Registered Agent

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(a), 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 employees.

SIGNATURE: *Antoles Ceant* **ANTOLES CEANT**

2/26/99 305 757-1461

CR2E034 (11/98)