

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 29, 1999 8:00 am
Secretary of State

03-29-1999 90001 020 ***158.75

DOCUMENT # P98000025025

1. Corporation Name

M AND C AUTOS, INC.

Principal Place of Business

15250 N.W. 7 STREET
PEMBROKE PINES FL 33028

Mailing Address

15250 N.W. 7 STREET
PEMBROKE PINES FL 33028

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/16/1998

4. FEI Number

65-0818305

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Election Campaign Financing



\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.



Yes



No

2. Principal Place of Business

21 4965 E 10th CT.

2a. Mailing Address

26 4965 E 10th CT.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 Hialeah, FL

City & State

28 Hialeah, FL

Zip

24 33013

Country

25 USA

Zip

29 33013

Country

30 USA

9. Name and Address of Current Registered Agent

MARTINEZ, JOSE
15250 N.W. 7 STREET
PEMBROKE PINES FL 33028

10. Name and Address of New Registered Agent

81 Name ROQUE MARTINEZ

82 Street Address (P.O. Box Number is Not Acceptable)
15250 NW 7th STREET

83

84 City Pembroke Pines

FL

85 Zip Code

33028

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

ROQUE MARTINEZ

3/1/99

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D DELETE

NAME MARTINEZ, JOSE
STREET ADDRESS 15250 N.W. 7 STREET
CITY-ST-ZIP PEMBROKE PINES FL 33028

TITLE D DELETE

NAME MARTINEZ, REYNALDO
STREET ADDRESS 15250 N.W. 7 STREET
CITY-ST-ZIP PEMBROKE PINES FL 33028

TITLE D DELETE

NAME MARTINEZ, ROQUE
STREET ADDRESS 15250 N.W. 7 STREET
CITY-ST-ZIP PEMBROKE PINES FL 33028

TITLE VPD DELETE

NAME MARTINEZ, AUGUSTO
STREET ADDRESS 15250 N.W. 7 STREET
CITY-ST-ZIP PEMBROKE PINES FL 33028

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

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

ROQUE MARTINEZ

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/1/99 (305) 687-0305

DATE

Daytime Phone #

0149231

CR2F034 (4/1/98)