Apr 27, 1999 8:00 am Secretary of State

04-27-1999 90112 029 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Kathe ine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000028753

1. Corporation Name

SUPERIO	OR AUTO DETAILING, INC.				
Principal Place of Business Mailing Address					() PETITETE ING (BERLI (BERLI ABERLI
2041 NW 85TH AVE PEMBROKE PINES FL 33024 2041 NW 85TH AVE PEMBROKE PINES FL 33024			3(124		DO MOT WOMEN THE COACE
					DO NOT WRITE IN THIS SPACE
					3. Date Incorporated or Qualifed 03/26/1998
2. Principal Place of Business		2a. Mailing Address			4. FEI Number Applied For
21		26			65-0823531 Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certifc ite of Status Desired \$8.75 A Iditional Fee Required
22		27			
City & State		City & State			6. Election Campaign Financing \$5.00 May Be
23			ip Country		Trust Fund Contribution Added to Fees
Zip	Country	Zip		шиу	8. This corporation owes the current year intangible Personal Property Tax. Yes No
24	25)	29	30	T	Personal Property Tax. ☐ Yes Mo 10. Name and Address of New Registered Agent
	9. Name and Address of Curre	ni Negistered Agent		81 Name	10. Haine and Address of New Registered Agent
sco	PA, RICHARD				
	2041 NW 85TH AVE				Acdress (P.O. Box Number is Not Acceptable)
PEMBROKE PINES FL 33024			83		
1	ione inter it occi.			65	
				84 City	FL 85 Zip Cixle
				Ш	
l office cri	to the provisions of S∈ctions 607.050 registered agent, or both, in the State am familiar with, and accept the obliga	eor Florida. Such change wa:	s authonzei	ov the corpo	corporation submits this statement for the purpose of changing its registered oration's board of cirectors. I hereby accept the appointment as registered
SIGNATURE					
40	Signature, typed or printed name of registered age	<u> </u>		Agent signature r	ADDITIONS/CHANGES TO OFFICERS (ND DIRECTOR S IN 12
12.	OFFICERS AI	NE DIRECTORS ☐ DELETE	13.	D.C.	PRESIDENT Change MAddition
TITLE			1.2 N		Richard ScotA
NAME			4		AONI NO SE AVE
STREET ADDRESS				REET ADDRESS	Ac a new Class FL 32074
CITY-ST-ZIP			1.4 C	TY-ST-ZIP	PEMBRONE PINES, FL 33024 Change Addition
TITLE					Manager Calana
NAME			2.2 N		VINCENT GARCIA 1821 NW 10th ST
STREET ADDRESS			7	FREET ADDRESS	PEMBLOKE PINES, FL 33024
CITY-ST-ZIP				ITY-ST-ZIP	Change Addition
TITLE		□ oece≀e	3.1 1) Orango (Industrial
NAME			32 N		
STREET ADDRESS				TREET ADDRESS	
CITY-ST-ZIP	3.4. CITY-ST-ZIP		Change Addition		
TITLE	☐ DELETE 4.1 T/			Addition	
NAME	\		4.21		
STREET ADDRESS	•		4.3 S	TREET ADDRESS	
CITY-ST-ZIP			440	TY-ST-ZIP	

14. I hereby certify that the information supplied with this filling 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.

5 1 TITLE

52 NAME

6.1 TITLE

6 2 NAME

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

STREET ADDRES S

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

DELETE

DELETE

(954) 433- 0237

☐ Change

☐ Change

Addition

☐ Addition