


FILED
Jul 14, 1999 8:00 am
Secretary of State

07-14-1999 90015 016 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P98000030111 1. Corporation Name NATION AUTO SALES, INC.					
Principal Place of Business 4175 N.W. 135TH STREET OPA LOCKA FL 33054			Mailing Address 4175 N.W. 135TH STREET OPA LOCKA FL 33054		
DO NOT WRITE IN THIS SPACE					
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country			2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		
3. Date Incorporated or Qualified 04/01/1998			4. FEI Number 05-0833043		
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees		
7. This corporation owes the current year, Intangible Personal Property. <input type="checkbox"/> Yes <input type="checkbox"/> No			8. Name and Address of Current Registered Agent SAMMARCO, VINCENT T ESS. 7752 TAFT STREET PEMBROKE PINES FL 33024		
9. Name and Address of New Registered Agent Edwin C. Melendez 4175 N.W. 135th St. OPALOCKA FL.			10. Name and Address of New Registered Agent Edwin C. Melendez 4175 N.W. 135th St. OPALOCKA FL.		
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 Edwin C. Melendez <i>Edwin C. Melendez</i> 7/1/99 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when retiring.)</small>					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE <input type="checkbox"/> DELETE NAME President STREET ADDRESS Edwin C. Melendez CITY-ST-ZIP P.O. Box 816074 Hollywood, FL 33081			1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP			2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP			3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP			4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP			5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP			6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> 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.					
SIGNATURE: <i>Edwin C. Melendez</i> Edwin C. Melendez 7/1/99 954-894-0961 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

CR2E034 (5/99)

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601859-90014-32

NATION AUTO SALES INC.
4175 NW 135 TH ST.
OPALOCKA, FL.33054.

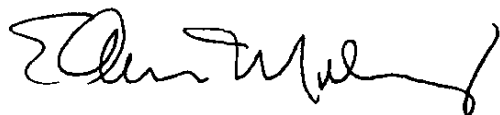
FLORIDA DEPARTMENT OF STATE:

To whom it may concenen:

I have never receive the first notice, and this is my first year filing and I will like to requiest a C.Waiver.

Please next corporation annual report send it to: NATION AUTO SALES INC.
4175 NW 135 TH ST.
OPALOCKA, FL.33054.

TANK YOU.



EDWIN MELENDEZ
PRESIDENT.

07-08-99