


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

**FILED**  
**Feb 22, 1999 8:00 am**  
**Secretary of State**

02-22-1999 90016 046 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

|   |  |   |   |  |  |
|---|--|---|---|--|--|
| <b>PROFIT CORPORATION ANNUAL REPORT 1999</b>  |  |  |   | FLORIDA DEPARTMENT OF STATE<br><b>Katherine Harris</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |  |
| <b>DOCUMENT # P98000037621</b>  |  |   |   |  |  |
| 1. Corporation Name<br><b>M.A.S. AUTO BROKERS CORPORATION</b>   |  |   |   |  |  |
| Principal Place of Business<br><b>5522 NW 72 AVE<br/>MIAMI FL 33166</b>   |  |   | Mailing Address<br><b>5522 NW 72 AVE<br/>MIAMI FL 33166</b> |  |  |
| 2. Principal Place of Business  |  | 2a. Mailing Address   |   | 3. Date Incorporated or Qualified<br><b>04/27/1998</b>   |  |
| 21 Suite, Apt. #, etc.  |  | 26 Suite, Apt. #, etc.  |   | 4. FEI Number<br><b>65-0831494</b>   |  |
| 22 City & State   |  | 27 City & State   |   | Applied For<br>Not Applicable  |  |
| 23 Zip Country  |  | 28 Zip Country  |   | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>          |  |
| 24  |  | 29  |   | 30   |  |
| 9. Name and Address of Current Registered Agent<br><b>MEZA, CECILIA M<br/>5522 NW 72 AVE<br/>MIAMI FL 33166</b>   |  |   | 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____   |  |   |   |  |  |
| 12. OFFICERS AND DIRECTORS  |  |   |   |  |  |
| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12   |  |   |   |  |  |
| 1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |   |   |  |  |
| 1.2 NAME  |  |   |   |  |  |
| 1.3 STREET ADDRESS  |  |   |   |  |  |
| 1.4 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   |  |   |   |  |  |
| 3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |   |   |  |  |
| 3.2 NAME  |  |   |   |  |  |
| 3.3 STREET ADDRESS  |  |   |   |  |  |
| 3.4 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   |  |   |   |  |  |
| 5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |   |   |  |  |
| 5.2 NAME  |  |   |   |  |  |
| 5.3 STREET ADDRESS  |  |   |   |  |  |
| 5.4 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   |  |   |   |  |  |

SIGNATURE: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/06/98 305 8889449

Date

Daytime Phone #

CR2E034 (11/98)