## 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

## DOCUMENT # P9800037621

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

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

1. Corporation Name M.A.S. AUTO BROKERS CORP  Principal Place of Business 5522 NW 72 AVE MIAMI FL 33166	Mailing Address 5522 NW 72 AVE MIAMI FL 33166			DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualifed  04/27/1998
2. Principal Place of Business	Place of Business 2a. Mailing Address			4. FEI Number Applied For Applied For
21				65-0831 494 Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc. 27				5. Certifcate of Status Desired Sea. 75 Additional Fee Required
City & State City & State				6. Election Campaign Financing 55.00 May Be
23 28				Trust Fund Contribution Added to Fees
Zip Country	Country Zip Cour		,	8. This corporation owes the current year Intangible
24 25	29 30			Personal Property Tax.
9. Name and Address of (	Current Registered Agent			10. Name and Address of New Registered Agent
		81	Name	
MEZA, CECILIA M			C1	de la constant de la
5522 NW 72 AVE		82	Street Add	dress (P.O. Box Number is Not Acceptable)
MIAMI FL 33166		83		
		84		FL 85 Zip Code
<ol> <li>Pursuant to the provisions of Sections 60 office or registered agent, or both, in the agent. I am familiar with, and accept the</li> </ol>	State of Florida. Such change was auth	horized by	the corpora	rporation submits this statement for the purpose of changing its registered tion's board of directors. I hereby accept the appointment as registered
SIGNATURE				
Signature, typed or printed name of registe  12. OFFICE	RS AND DIRECTORS	egistered Agen	nt signature requi	ired when reinstating)  DATE  APPLITION COLLANGES TO OFFICE DO AND DIRECTORS IN ADMINISTRATION OF THE COLLANGE TO OFFICE DO AND DIRECTORS IN ADMINISTRATION OF THE COLLANGE TO OFFICE DO AND DIRECTORS IN ADMINISTRATION OFFICE DO AND DIRECTORS IN ADMINISTRATION OFFICE DO AND DIRECTORS IN ADMINISTRATION OF THE COLLANGE TO THE COLLANGE T
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NAME MEZA, CECILIA M			- 1	
STREET ADDRESS 6310 GAGE PLACE		1.3 STREET		
CITY-ST-ZIP MIAMI FL 33014		1.4 CITY-ST-ZIP		
TITLE DP	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME MEZA, MARTIN O		2.2 NAME	ļ	
: I	1 0010 11 11 11 11 11		TADDRESS	
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	☐ DELETE	3.3 STREET		
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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 withput address, with all other like empowered.

SIGNATURE:

SIGNATURE AND THEED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3:05 8889449 Daytime Phone # CR2E034 (11/9