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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPAFTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P98000038937

-AUTO SHIELD WARRANTIES, INC.

BUYERSCATE, COM	, 12
Principal Place of Business	

Mailing Address

444 BRICKELL AVENUE #805 MIAMI FL 33131

444 BRICKELL AVENUE #805 MIAMI FL 33131

## FILED Apr 27, 1999 8:00 am Secretary of State

04-27-1999 90163 034 \*\*\*150.00



MIAMI FL 33131		MIAMI FL 33131		DO NOT WRITE IN THE	SPACE
	F.			3. Date Incorporated or Qualifed	
	ч			04/29/1998	
2. Principal 3	ace of Business	2a. Mailing Address		4. FEI Number	Appli∋d For
21		26		74-2878755	Not Applicable
Suite, Ap . i	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22					Fee Required
City & State	2	City & State		6. Election Campaign Financing	<b>\$5.00</b> Мау Ве
23		28		Trust Ft nd Contribution	Added to Fees
Zip	Count y	Zip -	Country	8. This corporation owes the current year Ir	
24	25		30	Personal Property Tax.	Yes XINo
	9. Name and Address of Current	t Registered Agent	04 N	10. Name and Address of New Registered	Agent
	PORATION SERVICE COMPANY HAYS STREET		81 Name E V	ALDO DUPUY Address (P.O. Box Yumber is Not Acceptable) 4 BRICHELL AVENUE	
TALL	AHASSEE FL 32301-2525		83		
			100	INTE BOS	Ige Zie Code
			84 9M L	Ain FI	_ 85 338
11. Pursuar ti	to the provisions of Sections 607,0502	2 and 607.1508, Florida Statut a	s, the above-named	corporation submits this statement for the purpose of	f changing its registered
office or re	egistered agent, or both, in the State of	of Florida. Such change was a a	thorized by the corp da Statutes	oration's board of directors. I hereby accept the appoint	intment as registered
	Gullen ).	iles	F	VALOR DIRIY 4/2:	? <b> </b> 99
SIGNATURE	Signature, types of printed man a of registered agent	t Id title if applicable (NOTE I	Registered Agent signature (	rrtwo D. Puy 4/2- requi ed when reinstating) DATE	
12.	OFFICERS AN	D DIRECTORS	13.	ADDITIO VS/CHANGES TO OFFICERS A	
TITLE	D	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	DUPUY, EVALDO		1 2 NAME		
STREET ADDRESS	444 BRICKELL AVENUE #805		1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33131		1.4 CITY- ST-ZIP		
TITLE		☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME			2 2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP			2 4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3 2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRES S			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CHILL: HODILLING			B	i	

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 accurate 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 attach nept with an address, with a lother like empowered.

SIGNATURE:

TRE AND TYPED OR I RINNED NAME OF SUMING OFFICER: OR DIRECTOR

4/23/99 305-358-7616

CR2E034 (11/98)