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

0255901

DOCUMENT # **P98000042517**

1. Corporation Name

RENY'S AUTO SALES CORP.

Principal Place of Business	Mailing Address
19501 SW 129TH CT MIAMI FL 33177	19501 SW 129TH CT MIAMI FL 33177

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed
05/11/1998

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
[21] 2282 S. Dixie Hwy.	[26] Same	65-0872776	Not Applicable
Suite, Apt. #, etc. [22]	Suite, Apt. #, etc. [27]	5. Certifcate of Status Desired ☒	$8.75 Additional Fee Required
City & State [23] Miami Florida	City & State [28]	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
Zip [24] 33170 Country [25] USA	Zip [29] Country [30]	8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent	
NODARSE, RENIEL 19501 SW 129TH CT MIAMI FL 33177	[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 _____

Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE P	☐ DELETE	1.1 TITLE Vice-President	☐ Change	☒ Addition
NAME VALDEZ, FRANK		1.2 NAME Mercy Nodarse		
STREET ADDRESS 19722 S.W. 121 AVE.		1.3 STREET ADDRESS 19701 SW 129 CT.		
CITY-ST-ZIP MIAMI FL 33177		1.4 CITY-ST-ZIP MIAMI, FL 33177		
TITLE	☐ DELETE	2.1 TITLE Officer	☐ Change	☒ Addition
NAME		2.2 NAME Reniel Nodarse		
STREET ADDRESS		2.3 STREET ADDRESS 19701 SW 129 CT.		
CITY-ST-ZIP		2.4 CITY-ST-ZIP MIAMI, FL 33177		
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 ADDRESS		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		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

CR2E034 (11/98)

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, with all other like empowered.

SIGNATURE: X _____   1/26/99   305-278-4322
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #