

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

**FILED**  
**May 17, 1999 8:00 am**  
**Secretary of State**

05-17-1999 90065 008 \*\*\*150.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT #** P98000050673V  
1. Corporation Name

**PALMETTO AUTO SALES & LEASING CORPORATION**

Principal Place of Business

Mailing Address

**4070 W 16th AVENUE 709 NW 42nd AVENUE**  
**HIALEAH, FL. 33012 MIAMI, FL. 33126**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**06-05-98**

4. FEI Number

Applied For

Not Applicable

**APPLIED FOR**

5. Certificate of Status Desired ☐

**\$8.75 Additional**  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00 May Be**  
Added to Fees

8. This corporation owes the current year intangible  
Personal Property Tax. ☐ Yes ☒ No

10. Name and Address of New Registered Agent

81 Name

**NICOLAS MENDIZABAL**

82 Street Address (P.O. Box Number is Not Acceptable)

**4350 N. BAY ROAD**

83

84 City

**MIAMI BEACH**

**FL**

85 Zip Code

**33140**

**4/21/99**

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

**PVST** ☒ DELETE  
**RICHARD BRODEUR**  
**4070 W 16th AVENUE**  
**HIALEAH, FL. 33012**

☐ DELETE

☐ DELETE

☐ DELETE

☐ DELETE

☐ DELETE

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition

1.2 NAME **P**

1.3 STREET ADDRESS **NICOLAS MENDIZABAL**

1.4 CITY-ST-ZIP **4350 N. BAY ROAD**

**MIAMI BEACH, FL. 33140**

2.1 TITLE ☐ Change ☒ Addition

2.2 NAME **VST**

2.3 STREET ADDRESS **ELOY GARCIA**

2.4 CITY-ST-ZIP **976 SW 180 TERRACE**

**PEMBROKE PINES, FL. 33028**

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 or on an attachment with an address, with an other like empowered.

SIGNATURE: