

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

FILED  
Apr 29, 1999 8:00 am  
Secretary of State

04-29-1999 90291 008 \*\*\*150.00

DOCUMENT # P98000061966

1. Corporation Name

COLON RAMIREZ AUTO SALES, INC.

Principal Place of Business

1043-A S. ORANGE BLOSSOM TRAIL  
ORLANDO FL 32805

Mailing Address

1043-A S. ORANGE BLOSSOM TRAIL  
ORLANDO FL 32805

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/10/1998

4. FEI Number

59-3524600

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax.

☐

Yes ☐ No

9. Name and Address of Current Registered Agent

COLON, JOSE L  
1043-A S. ORANGE BLOSSOM TRAIL  
ORLANDO FL 32805

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

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	D <input type="checkbox"/> DELETE	1.1 TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COLON, JOSE L	1.2 NAME	JOSE L. COLON
STREET ADDRESS	4900 S. ORANGE BLOSSOM TRAIL	1.3 STREET ADDRESS	4900 S. ORANGE BLOSSOM TRAIL
CITY-ST-ZIP	KISSIMMEE FL 34758	1.4 CITY-ST-ZIP	KISSIMMEE, FL 34758
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAMIREZ, LESTER M	2.2 NAME	LESTER M. RAMIREZ
STREET ADDRESS	1537 WOOD VIOLET DRIVE	2.3 STREET ADDRESS	2203 WYNDAM WAY
CITY-ST-ZIP	ORLANDO FL 32824	2.4 CITY-ST-ZIP	KISSIMMEE, FL 34743
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	NELSON COLON
STREET ADDRESS		3.3 STREET ADDRESS	514 WECHSLER CR.
CITY-ST-ZIP		3.4 CITY-ST-ZIP	ORLANDO, FL 32824
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	AMILCAR RAMIREZ
STREET ADDRESS		4.3 STREET ADDRESS	2203 WYNDAM WAY
CITY-ST-ZIP		4.4 CITY-ST-ZIP	KISSIMMEE, FL 34743
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-21-99

Date

407-870-9874

Daytime Phone #

CR2E034 (1/98)