


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

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

05-17-1999 90029 020 ***150.00

PROFIT CORPORATION- ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <u>98000063281</u> <u>✓ok</u> 1. Corporation Name <p style="text-align: center;">AUTO MARIO CORP.</p>			
Principal Place of Business 1498 NW 36 St US MIAMI, FL 33142		Mailing Address 2101 SW 16 St US MIAMI, FL 33145	
2. Principal Place of Business 21 1498 NW 36 St Suite, Apt. #, etc. 22 MIAMI, FL 33142 City & State 23 33142 USA Zip Country 24 25		2a. Mailing Address 26 2101 SW 16 St Suite, Apt. #, etc. 27 MIAMI, FL 33145 City & State 28 33145 USA Zip Country 29 30	
3. Date Incorporated or Qualified <p style="text-align: center;">7/15/98</p>		4. FEI Number <p style="text-align: center;">65-0853931</p>	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. This corporation owes the current year Intangible Personal Property Tax <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
9. Name and Address of Current Registered Agent ERLIN G. ARGUELLES 20510 SW 116 Rd MIAMI, FL 33189		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
12. OFFICERS AND DIRECTORS			
TITLE PT <input type="checkbox"/> DELETE NAME JOSE A. CIRINCIONE STREET ADDRESS 3535 NW 14 Ave. # 2 CITY-ST-ZIP MIAMI FL 33142			
TITLE T <input checked="" type="checkbox"/> DELETE NAME ZULMA DIAZ STREET ADDRESS 1498 NW 36 St CITY-ST-ZIP MIAMI, FL 33142			
TITLE S <input type="checkbox"/> DELETE NAME ERLIN G. ARGUELLES STREET ADDRESS 20510 SW 116 RD CITY-ST-ZIP MIAMI, FL 33189			
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP			
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
11 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP			
21 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 22 NAME T ANA M. PERDOMO 23 STREET ADDRESS 1498 NW 36 St 24 CITY-ST-ZIP MIAMI, FL 33142			
31 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP			
41 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 42 NAME 43 STREET ADDRESS 44 CITY-ST-ZIP			
51 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP			
61 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 62 NAME 63 STREET ADDRESS 64 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: Erin Arguelles **ERLIN ARGUELLES** 4/29/99 (305) 633-1120
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR