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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State

## **FILED** Mar 10, 1999 8:00 am Secretary of State

'	1999	O VI TEST	DIVISION OF CO	ORPORATIONS	03-10-1999 90204 038 ***150.00
DOCUN 1. Corporation	MENT # P98	000069	159		
DANDI A	uto sales, inc.				
		*			
Principal Place	of Business	Maili	ng Address		1 105:100) ((2   5:0) 1011) 2011 2011 2011 2011 2011
1752 HWY 17-9			HWY 17-92		
LONGWOOD FL	32750	LONG	SWOOD FL 32750		DO NOT WRITE IN THIS SPACE
					3. Date Incorporated or Qualifed
					08/03/1998
2. Principal Pl	ace of Business	2a. N	Mailing Address		4. FEI Number Applied For
21			26		Not Applicable
Suite, Apt.	#, etc.	<b>⊢</b>	Suite, Apt. #, etc.		5. Certifcate of Status Desired
City & State		27	City & State		6. Election Campaign Financing 70 \$5.00 May Be
23	<b>:</b>	28	my a otale		Trust Fund Contribution Added to Fees
Zip	Country		ip	Country	8. This corporation owes the current year Intangible
24	25	29	;	30	Personal Property Tax.
	9. Name and Address of	of Current Registe	red Agent	leal	10. Name and Address of New Registered Agent
401	INIA ILILIO			81 Name	BENJAMIN AGREU
MOLINA, JULIO 1752 HWY 17-92				Address (P.O. Box Number is Not Acceptable)	
LONGWOOD FL 32750				52 HWY 17-92	
LOIV	G1100D 12 02100				
				84 City	10 11 (741) (10 11 El 85 Zip Code 22750
11 Pursuant	to the provisions of Sections	607 0502 and 607	1508 Florida Statute	s the above-named	corporation submits this statement for the purpose of changing its registered
	egistered agent, or both, in t mitarpillar with, and accept t				oration's board of directors. I hereby accept the appointment as registered
, (	miranillar with, and accept t	ne obligations of, S		and statutes.	RFN/AUIN AMOFIL 1-25-99
SIGNATURE	Signature type or printed hame of re	gistered agent and title if a	pplicable. (NOTE: F	Negistered Agent signature re	
12.	OFFI	CERS AND DIREC		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D		DELETE	1.1 TITLE	D − A □ Change ☑ Addition
NAME	ROJAS, DIEGO			1.2 NAME	BENJAMIN ABREU
STREET ADDRESS	1752 HWY 17-92		,	1.3 STREET ADDRESS	1752 7(W) 17-92 10 2 9 WOOD FLOW I DANGE Addition
CITY-ST-ZIP	LONGWOOD FL 32750	<u> </u>	DELETE	1.4 CITY-ST-ZIP 2.1 TITLE	70000 F10100 Schange Addition
TITLE	d Rojas, Jeannette		V OLCETE	2.2 NAME	
NAME STREET ADDRESS	1752 HWY 17-92			2.3 STREET ADDRESS	
CITY-ST-ZIP	LONGWOOD FL 32750	<b>)</b>		2. 4 CITY-ST-ZIP	
TITLE	LONGHOOD I L GETO		☐ 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	☐ Change ☐ Addition (
TITLE			☐ DELETE	5.1 TITLE 5.2 NAME	Change Addition
NAME				5.2 NAME 5.3 STREET ADDRESS	
STREET ADDRESS				5.4 CITY-ST-ZIP	
CITY-ST-ZIP				5.1. 5.1. G1-E1	

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 chapter 607, or on an attachment with an address, with all other like empowered.

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

STREET ADDRESS

☐ DELETE

Daytime Phone #

[ Change

Addition