

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
Jun 09, 1999 8:00 am
Secretary of State

06-09-1999 90032 038 ***150.00

DOCUMENT # P98000073817
1. Corporation Name A & T Aloha Auto Repair, Inc.

Principal Place of Business Mailing Address

1981 NW 21st St., Bay 4
Pompano Beach, FL 33064

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

8/24/98

2. Principal Place of Business
21 1981 NW 21st Street

2a. Mailing Address
26 1981 NW 21st Street

4. FEI Number
65-0865251

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

Bay 4

Bay 4

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

City & State

City & State

Pompano Beach, FL

Pompano Beach, FL

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

Zip

Country

33064

25

USA

Zip

Country

-33064

30

USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Rosa Genilton C
1919 Doctor Andres Way
Delray Beach, FL 33444

81 Name Rosa Genilton C

82 Street Address (P.O. Box Number is Not Acceptable)
1981 NW 21st St.

83

Bay 4

84

City Pompano Beach

FL

85

Zip Code
33064

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

Rosa Genilton C GENILTON C ROSA

4 28 99

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 P ☒ Change ☐ Addition

NAME Rosa, Genilton
STREET ADDRESS 1919 Doctor Andres Way
CITY-ST-ZIP Delray Beach, FL 33444

1.2 NAME Rosa, Genilton
1.3 STREET ADDRESS 1981 NW 21st Street, Bay 4
1.4 CITY-ST-ZIP Pompano Beach, FL 33064

TITLE ☐ DELETE

2.1 TITLE ☐ Change ☐ Addition

NAME

2.2 NAME

STREET ADDRESS

2.3 STREET ADDRESS

CITY-ST-ZIP

2.4 CITY-ST-ZIP

TITLE ☐ DELETE

3.1 TITLE

NAME

3.2 NAME

STREET ADDRESS

3.3 STREET ADDRESS

CITY-ST-ZIP

3.4 CITY-ST-ZIP

TITLE ☐ DELETE

4.1 TITLE

NAME

4.2 NAME

STREET ADDRESS

4.3 STREET ADDRESS

CITY-ST-ZIP

4.4 CITY-ST-ZIP

TITLE ☐ DELETE

5.1 TITLE

NAME

5.2 NAME

STREET ADDRESS

5.3 STREET ADDRESS

CITY-ST-ZIP

5.4 CITY-ST-ZIP

TITLE ☐ DELETE

6.1 TITLE

NAME

6.2 NAME

STREET ADDRESS

6.3 STREET ADDRESS

CITY-ST-ZIP

6.4 CITY-ST-ZIP

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:

Rosa Genilton C GENILTON C ROSA

4 28 99

(954) 9782929

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #