


**FILED**  
**Mar 04, 1999 8:00 am**  
**Secretary of State**

03-04-1999 90139 016 \*\*\*150.00

|  |   |   |
|--|---|---|
| <b>PROFIT CORPORATION</b><br><b>ANNUAL REPORT</b><br><b>1999</b> |  | <b>FLORIDA DEPARTMENT OF STATE</b><br><b>Katherine Harris</b><br><b>Secretary of State</b><br><b>DIVISION OF CORPORATIONS</b> |
|--|---|---|

**DOCUMENT # P98000079138**

1. Corporation Name

**SIGNATURE AUTOMOTIVE INC.**

Principal Place of Business

7815 N.W. 3RD PLACE  
MARGATE FL

Mailing Address

7815 N.W. 3RD PLACE  
MARGATE FL

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/14/1998

4. FEJ Number

05-0863473

Applied For

Not Applicable

5. Certificate of Status Desired ☐\$8.75-Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution ☐\$5.00 May Be  
Added to Fees8. This corporation owes the current year Intangible  
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City &amp; State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City &amp; State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

**FERNANDEZ, RAMON**  
**10440 NW 36TH PLACE**  
**MIAMI FL 33147**

10. Name and Address of New Registered Agent

81 Name

**EDUARDO FERNANDEZ**

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

**10440 NW 36th Place**

83

**Miami**

84 City

**FL**

85 Zip Code

**33147**

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 reappointing)

01/08/99

DATE

12. OFFICERS AND DIRECTORS

|                |                              |  |
|----------------|------------------------------|--|
| TITLE          | PD                           | <input checked="" type="checkbox"/> DELETE |
| NAME           | <b>FERNANDEZ, RAMON</b>      |  |
| STREET ADDRESS | <b>10440 N.W. 36TH PLACE</b> |  |
| CITY-ST-ZIP    | <b>MIAMI FL 33147</b>        |  |

|                |  |                                 |
|----------------|--|---------------------------------|
| 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    |  |                                 |

|                |  |                                 |
|----------------|--|---------------------------------|
| 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

|                    |   |  |
|--------------------|---|--|
| 1.1 TITLE          | PD  | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 1.2 NAME           |   |  |
| 1.3 STREET ADDRESS | <b>FERNANDEZ, EDUARDO</b>                 |  |
| 1.4 CITY-ST-ZIP    | <b>10440 NW 36th Pl., Miami, FL 33147</b> | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |

|                    |                                       |   |
|--------------------|---------------------------------------|---|
| 2.1 TITLE          | S                                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME           | <b>MARTHA M. FERNANDEZ</b>            |   |
| 2.3 STREET ADDRESS | <b>7815 NW 3rd Place, Margate, FL</b> |   |
| 2.4 CITY-ST-ZIP    |                                       |   |

|                    |  |   |
|--------------------|--|---|
| 3.1 TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME           |  |   |
| 3.3 STREET ADDRESS |  |   |
| 3.4 CITY-ST-ZIP    |  |   |

|                    |  |   |
|--------------------|--|---|
| 4.1 TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME           |  |   |
| 4.3 STREET ADDRESS |  |   |
| 4.4 CITY-ST-ZIP    |  |   |

|                    |  |   |
|--------------------|--|---|
| 5.1 TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME           |  |   |
| 5.3 STREET ADDRESS |  |   |
| 5.4 CITY-ST-ZIP    |  |   |

|                    |  |   |
|--------------------|--|---|
| 6.1 TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:



(305) 691-1293

1/8/99

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CRZE034 (11/98)