

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

**FILED**  
**Feb 27, 1999 8:00 am**  
**Secretary of State**

02-27-1999 90062 024 \*\*\*150.00

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

**DOCUMENT # P98000085154**

1. Corporation Name

**SOUTHEAST COACH & PARTS INC.**

Principal Place of Business

21 SOUTHEAST 1ST AVENUE  
SUITE 701  
MIAMI FL 33131

Mailing Address

21 SOUTHEAST 1ST AVENUE  
SUITE 701  
MIAMI FL 33131

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**10/05/1998**

4. FEI Number

**65-0867858**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

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

2. Principal Place of Business

21 11117 W. Ockeechobbee

Suite, Apt. #, etc.

22 ~~Barrow~~ Suite 130

City & State

23 Hialeah Gardens, FL.

Zip Country

24 3301-8

25 Dade

2a. Mailing Address

26 11117 W. Ockeechobbee Rd

Suite, Apt. #, etc.

27 Suite 130

City & State

28 Hialeah Gardens, FL.

Zip Country

29 3301 8

30 Dade

9. Name and Address of Current Registered Agent

~~RABBIT EXCISE~~

21 SOUTHEAST 1ST AVENUE  
SUITE 701  
MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name

**Dimas Hernandez**

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

**11117 W. Ockeechobbee Rd. # 130**

83

84 City

**Hialeah Gardens,**

**FL**

85 Zip Cod : **3301-8**

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

☐ DELETE

TITLE  
NAME **Dimas Hernandez P/ST**  
STREET ADDRESS **9990 NW 135th St.**  
CITY-ST-ZIP **Hialeah Gardens, FL. 33018**

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE  
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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Dimas Hernandez - President**

Date

Daytime Phone #

CR2E034 (11/98)