## **PROFIT** CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P98000091338

## May 06, 1999 8:00 am Secretary of State

05-06-1999 90091 022 \*\*\*150.00

AUTOMANIA SERVICES, INC. Malling Address Principal Place of Business 15910 SOUTHWEST 99TH COURT 15910 SOUTHWEST 99TH COURT MIAMI FL 33157 MIAMI FL 33157 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 10/27/1998 Applied For 4. FEI Number 65-0874926 2. Principal Place of Business 2a. Mailing Address Not Applicable 26 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #,"etc." 5. Certificate of Status Desired Fee Required 27 22 City & State \_. \$5.00 May Be City & State S.-Election Compaign Financing Added to Fees Trust Fund Contribution 23 28 Country Zio Country 8. This corporation owes the current year Intangible Zip UN<sub>0</sub> Personal Property Tax. 24 29 30 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name HERNANDEZ-SUAREZ, JEANETTE ESO. Street Address (P.O. Box Number is Not Acceptable) 10651 NORTH KENDALL DRIVE **SUITE 218** 83 MIAMI FL 33186 Zip Code 84 City 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 app ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. ☐ Change Addition DELETE 1.1 TILE TILE CR2E034 GUTIERREZ, ABEL 1.2 NAME NAME 15910 SOUTHWEST 99TH COURT 1.3 STREET ADDRESS STREET ADDRESS MIAMI FL 33157 1.4 CITY- \$T-ZIP CITY-ST-ZIF Change Addition DELETE 2.1 TITLE TITLE 22 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP ☐ Change Addition DELETE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADORES 3.4. CITY-ST-ZIP CITY-ST-ZIP Addition Change DELETE 4.1 TILE TILE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ACCRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Addition Change DELETE 5.1 TITLE TILE 52 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 54 CITY-ST-ZIP CITY-ST-ZIP DELETE 61 TILE ☐ Change Addition 6.2 NAME 6.3 STREET ADDRESS 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 attachyrent with an address, with an others.

PRESIDENT

SIGNATURE: X