


**FILED**  
**Apr 01, 1999 8:00 am**  
**Secretary of State**

04-01-1999 90113 025 \*\*\*150.00

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> <b>Secretary of State</b> <b>DIVISION OF CORPORATIONS</b>
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**DOCUMENT # P98000097389**

1. Corporation Name

**USA AUTO COMPRESSOR, INC.**

Principal Place of Business

Mailing Address

**901 NW 132 PLACE**  
**MIAMI FL 33182**
**901 NW 132 PLACE**  
**MIAMI FL 33182**

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified

**11/19/1998**

4. FEI Number

**65-0876471**

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

2a. Mailing Address

**21**  
**Suite, Apt. #, etc.**
**26**  
**Suite, Apt. #, etc.**
**22**  
**City & State**
**27**  
**City & State**
**23**  
**Zip Country**
**28**  
**Zip Country**
**24**  
**25**
**29**  
**30**

9. Name and Address of Current Registered Agent

**CAPOTE, CARLOS**  
**901 NW 132 PLACE**  
**MIAMI FL 33182**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

**FL**

85 Zip Code

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

Signatures, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-electing)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
**PD**  
**CAPOTE, CARLOS**  
**901 NW 132 PLACE**  
**MIAMI FL 33182**
TITLE ☐ DELETE
**VST**  
**CAPOTE, CARIDAD**  
**901 NW 132 PLACE**  
**MIAMI FL 33182**
TITLE ☐ DELETE
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**
TITLE ☐ DELETE
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**
TITLE ☐ DELETE
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**
TITLE ☐ DELETE
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Carlos Capote* **6-4-99**  
 Date Daytime Phone #

CR2E034 (1/98)