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

PROFIT CORPORATION ANNUAL REPORT

1998

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FLORIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # S07919

(1)

PROFESSIONAL AUTO WHOLESALES CORPORATION

FILED Jan 15 1998 8:00am Secretary of State



Principal Place of Business		Maining Addin	Mailing Address				
3250 NW 38 STREET Miami Fl 33142			11352 SW 144 PATH MIAMI FL 33186			DO NOT WRITE IN THIS SPACE	
						3. Date Incorporated or Qualified	
			···			09/11/1990	
	lace of Business	- 1	2a. Mailing Address			4. FEI Number Applied for	
21		26				65-0520193 Not Applicable	
Suite, Apt. #, etc.		}	Suite, Apt. #, etc.			5. Certificate of Status Desired \$8.75 Additional	
22		27				Fee Required	
City & State		1.1	City & State			6. Election Campaign Financing \$5.00 May Be	
23		28	- · · · · · · · · · · · · · · · · · · ·			Trust Fund Contribution	
Zip	Country	- Σ _Φ	ļn	Country		8. This corporation owes or has paid the current year Inlangible	
24	25	29	[30]	L		Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent	
	9. Name and Address of Cu	rrent Hegistered Agei	1t 	81	Mana	10. Name and Address of New Registered Agent	
CO	rbea, grisel m			101	Name		
689	12 SW 130 AVE.				Street Ac	Street Address (P.O. Box Number is Not Acceptable)	
MIA	MI FL 33183						
				83			
				84	City	— 85 Zip Code	
						 	
11. Pursuant	to the provisions of Sections 607.	0502 and 607.1508, FI	orida Statutos, t	he above	o-named co	orporation submits this statement for the purpose of changing its registered pration's board of directors. I hereby accept the appointment as registered	
office or r	egi ste red agent, or both, in the Si i n fam iliar with, and accept the of	ate of Fibrioa, Such cr oligations of, Section 6	o7.0505, Florida	i Statutes	7 ine carpo 3.		
SIGNATURE	() Mar 219 6	14 _				1-5-97	
SIGNATURE	Signature, typed or printed name of registered	Lagent and title if applicable	(NOTE Reg	gisterea Age	nt Signature te	-quired when reinstating) DATE	
12.	OF FICERS	AND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P		DELETE	1.1 TITLE		☐ Criange ☐ Addition	
NAME	CORBEA, JOSUE D			1.2 NAME			
STREET ADDRESS	3512 N.W. 16TH STREET			1.3 STREET	ADORESS		
CITY-ST-ZIP	MIAMI FL 33126 ,			1.4 CHY - S	T-ZIP		
TITLE	Vice President	7	DELFTE	2.1 1/111		Change Addition	
NAME	Corbea Grisel	M	ľ	2.2 NAME			
STREET ADDRESS	100 00 00 00 00 00 00 00 00 00 00 00 00			23 STREET	ADOHESS		
CITY-ST-ZIP	68925W 130 AVE	183		2.4 CHY-5	51-71F		
TITLE			DETLETE	3.1 TITLE		Change Addition	
NAME			ľ	3.2 NAME			
STREET ADDRESS	,		<u> </u>	3.3 STREET	ADDRESS		
CITY-ST-ZIP				3.4 CITY- 9			
TITLE	<u> </u>		DELETE	4.1 THLE		☐ Change ☐ Addition	
NAME		_		4. 2 NAME			
STREET ADDRESS				4.3 STREET	ADDRESS		
CITY-ST-ZIP			I.	4.4 CHY-S	l l		
TITLE		·-···	DELFTE	51 TIME		Change Addition	
NAME				5.2 NAME	}		
STREET ADDRESS			ı	5.3 STREET	ADDRESS		
· ·			5				
CITY-ST-ZIP TITLE				5.4 CITY - S G 1 TITLE	1 - 211"	Change Addition	
						ET costado — El cartación	
NAME				6.2 NAME	A DATABLE CO.		
STREET ADDRESS				63STREET			
CHTY-ST-ZIP			<u>F</u>	64 CITY-S	1-7IP		

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 eath; 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 chapter 607 or on an attachment with an address.