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**PROFIT** CORPORATION ANNUAL REPORT

1999

1. Corporation Name

DOCUMENT # \$21097



FLORIDA DEPARTMENT OF STATE

Secretary of State **DIVISION OF CORPORATIONS** 

## FILED May 05, 1999 8:00 am Secretary of State Katherine Harris 05-05-1999 90132 023 \*\*\*150.00

AUTO AC	TIVE, INC.													
Delegation I Plans	-A Duniana								1					
Principal Place	of Business		ailing Address											
2935 SW 8 ST. 2935 SW 8 ST. MIAMI FL 33135 MIAMI FL 33135														
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							;		ate Incorporated	or Qualifed				
	·		NA TEN A LABORATION						2/14/1990 El Number	_			Analia	ed For
2. Principal Plac	ce of Business	<b>⊢</b> ¬	Mailing Address				'			ADI C				pplicable
21	-4-	. 26	Suite, Apt. #, etc.				—— <del> </del>		IOT APPLICA	ADLE		\$8.7	_	
Suite, Apt. #,	, etc	27	Suite, Apr. #, etc.				!	5. C	ertifcate of Statu	s Desired			Requi	1
City & State		21	City & State				<u> </u>	6. FI	lection Campaigr	n Financing		\$5.0	00 ма	av Be
23		28	,						rust Fund Contrit				ed to F	
Zip	Cou	untry	Zip	Cou	intry		1	8. Th	his corporation o	wes the cur	rent year l	ntangible		/
24	25	29		30					ersonal Property			Yes		No_
	9. Name and Ad	dress of Current Regis	tered Agent		Γ,		10	0. N	ame and Addre	ss of New_	Registere	d Agent		
04115	Portie				81	Name								
	E, RENE				82	Street A	Address	(P.O	. Box Number is	Not Accept	table)			
_	SW 8 ST.						· · · · · · · · · · · · · · · · · · ·			<del></del>				
MAMI	FL 33135				83									
	'				84	City					F	85 Z	ip Cod	de
	the erosioione of t	Sections 607.0502 and 6	07.1508. Florida Sta	tutes, the a	bove	- named (	corporati	lion s	ubmits this state	ment for the	e purpose o	of changing	ite ror	nistered
11. Pursuant to						r-mainieu c							112 16	91010.00
office of roc	nietorod opent, or h	Sections 607.0502 and 60 ooth, in the State of Florid accept the obligations of,	ta. Such change wa	s authorized	ועמו	tne corpo	oration's	boan	d of directors. I h	nereby acce	pt the app	ointment as	regis	tered
office or reg agent. I am SIGNATURE	gistered agent, or to familiar with, and	ooth, in the State of Florid accept the obligations of,	fa. Such change wa Section 607.0505,	s autnorized Florida Stat	utes.	tne corpo	oration's	boan	a or directors. 11	nereby acce	spi ille app	ointment as	regis	tered
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office or recagent. I am SIGNATURE  12.  TITLE NAME STREET ADDRESS CITY-ST-ZIP	pistered agent, or be familiar with, and signature, typed or printed PVD CALLE, RENE 2935 SW 8 ST. MIAMI FL 33135	ooth, in the State of Florid accept the obligations of, name of registered agent and title in OFFICERS AND DIRE	da. Such change wa Section 607.0505, if applicable. (N	s authorized Florida Stat DTE: Registered 13. 1.1 TI 1.2 N	I Agent TLE AME TREET	t signature re	oration's	n reins	stating)	lereby acce	DATE	AND DIREC	CTORS	S IN 12
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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.

6.4 CITY-ST-ZIP

SIGNATURE: