FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUM		# S296	19	(1)					
MERCADO AUTO SALES, INC.									
Principal Place	of Eusiness		Mairir	ng Address					
3532 AMACA CIRCLE ORLANDO FL 32837 US			3:	3532 AMACA CIRCLE ORLANDO FL 32837 US					
00			U	•			3. Date Incorporated or Qualified 02/04/1991	3a. Date of L 03/3	nst Report 0/1995
	Suite, Apt. #, etc.			a. Mailing Address			4. FEI Number 59-3090255	Applied For Not Applicable	
Suite, Apt. #				Suite, Apt. #, etc.			5. Certificate of Status Desired	1 v/	3.75 Additional Fee Required
City & State Kissimmee, Florida			28	Oity & State 8			Election Campaign Financing Trust Fund Contribution	1 1	5.00 May Be Added to Fees
Zip 34744 25 Osceola			29 29	ib	Country 30	· · · · · · · · · · · · · · · · · · ·	8. This corporation has liability for intangitule tax under s. 199.032, Florida Statutes		der s. 199.032,
	9. Name	and Address of Curre	nt Register	ed Agent			10. Name and Address of New F	legistered Ager	t
					81	Name			
MERCADO, MANUEL 3532 AMACA CIRCLE ORLANDO FL 32837				83		Street Add	ress (P.O. Box Number is Not Acceptat	ie)	
					84	City		FL 85	Zip Code
or registere familiar with SIGNATURE	ed agent, or b h, and accep	both, in the State of Flor tithe obligations of, Sec	ida. Such el tion 607.05t	nange was authorize 05, Florida Statutes	ed by the corp i.	oration's boa	ration submits this statement for the pui rd of directors. I hereby accept the app	ointment as regis	tered agent. I am
12,	Sig with real typed o	r printed harrie of registered age: OFFICERS AN			Tir Bigisterio April	nt Signature respon	ADDITIONS/CHANGES TO OFF	DATE	CTODE IN 10
THILF	P	- OF NOTING	D DINLOTO	DELETE	1.1 Tifle		ADDITIONS/CHANGES TO OFF	CENS AND DIRE	
NAME	MERCA	NDO, MANUEL		-	1.2 NAME				
STHEE: ADDRESS	3532 A	MACA CIRCLE			1 3 STREET	LADDRESS			
CITY-ST-ZIP	ORLAN	DO FL 32837			1.4 CITY - 5	S1 - ZIP			
TITLE	V	DO DODIO		DELETE	2 1 TILLE			[] Ch	ange 🔲 Addition
NAME		NDO, DORIS MACA CIRCLE			2 2 NAME				
STAFE1 ADDRESS DITY - ST - ZIP		DO FL 32837			2 3 STREET 2 4 CHY - 5				
IITLE	OILD U	0001		DELETE	3 1 TITLE) - Zir		□ Ch	ange Addition
NAME					3 2 NAME				
STREET ADDRESS					3 3 STREE	1 ADDRESS			
CITY - ST - ZiP				n n <u>as pulsas em</u>	3 4 CITY - 5	S1 - 71P			
II'LE				☐ DEFETE	4. 1 TITLE			☐ Cn	ange 🔲 Addition
NAME NAME					4.2 NAME	. •Doncos			
STREET ADDRESS DITY ST-ZIP					43 STREET	1			
DILLE STATE				DELFIE	4.4 CiTY - 5 5.1 TO LE	317-217		☐ Cn	ange Addition
NAME					5.2 NAME				
STREET ACIDRESS					5.3 STREET	ADDRESS			
CiTY-ST-7IP					5.4 CITY - 9	ST - 20P			
T-1LF				☐ DELETE	6 1 TULE			Cn	ange 🔲 Addition
NAME					6.2 NAME				
STREET ADDRESS					63 STREET				
01Y-S1-ZP 14	z cerdif∨ that t	he information supplied	with this foir	na is voluntarily furn	64 CHY-S ished and doe		for the exemption stated in Section 119	07(3)(k) Florida S	Statutes I further
certify that	the information	on indicated on this ann	uai report o	r supplemental anni	ual report is tri	ue and accura	ate and that my signature shall have the is report as required by Chapter 607, FI	same legal effec	t as if made under

SIGNATURE: MANUEL MERCADO, PARES CLEMAN PUBI dest

3-29-96

(407) 846-1844