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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # S29619

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	DO AUTO SALES, INC.	Mailing Address					
3020 LIONS COURT KISSHMEE FL 34744 US		3532 AMAÇA ÇIRCLE Orlando FL 32837-7153 US					
•		-			3. Date Incorporated or Qualified 3a. Date of Last Report 02/04/1991 04/15/1996		
2. Principa: F	Piace of Business	2a. Mailing Address			4. FEI Number Applied	For	
Suite Ap: # etc		26			59-3090255 Not App		
Suite. Apt.	# Ofc	Suite, Apt. #, etc.			5. Certificate of Status Desired S8.75 Addition Fee Require		
City & Sta	to	City & State			6. Election Campaign Financing \$5.00 May		
23		28			Trust Fund Contribution Added to Fee		
Ζιρ	Country	Zip	Country		8. This corporation has liability for intangible tax under s. 199.032,		
24	25 9. Name and Address of C	29 urrent Registered Agent	30		Fiorida Statutes Yes No 10. Name and Address of New Registered Agent		
LAC!	RCADO, MANUEL	William Tragistics Fragistics		81 Name			
	12 AMACA CIRCLE			82 Street	Address (P.O. Box Number is Not Acceptable)		
	LANDO FL 32837		Į		Address (1.0. Dox Northber 18 Not Addeptable)		
				83			
			1	84 City	85 Zip Code		
11 Punicant	t to the provisions of Sections 60	7 0502 and 607 1508 Florida Statut	les the at	ove-named	G corporation submits this statement for the purpose of changing its req	istored	
office or	registered agent, or both, in the	State of Florida. Such change was obl-gations of, Section 607,0505, Fi	authorized	by the corp	poration's board of directors. I hereby accept the appointment as regis	tered	
SIGNATURE	Signature, typical or prioted name of registr	red agen and their apphoable (NO)	ff. Ragistered	Agent signature	re required when reinstating) DATE		
12.	OFFICE R	S AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN	12	
TULLE	P	☐ DELETE	1.1 [1]	LE	Change	Addition	
NAME	MERCADO, MANUEL		1.2 NA				
STREET ADDRESS	3532 AMACA CIRCLE ORLANDO FL 32837		- 1	REET ADDRESS			
C TY - ST - ZIP TITLE	V	☐ DELETE	2.1 10	Y-ST-ZIP LE	Change	Addition	
NAME	MERCADO, DORIS		2.2 NA				
STREET ADDRESS	AREA STATE AND AND P		2.3 ST	REET ADDRESS			
CCLY - S1 - 7IP	ORLANDO FL 32837		2. 4 CI	TY-ST-ZIP			
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NAVć			3.2 NA	ME			
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NAME		***************************************	5 2 NA			ļ	
STREET ASIDRESS				reet address			
CITY (\$1 - 7)?				TY-ST-ZIP			
Hitt		☐ DELETE	61 TH		☐ Change ☐	Addition	
NAME			6.2 NA	ME			
STREET APORESS	;		6381	REET ADDRESS)	
CITY - ST - ZIP			64.01	TY - ST - 71P			

14. I do hereby certily 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.

SIGNATURE: MANUEL MERCADO,

FILED

Feb 25 1997 8:00am

Secretary of State