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

Mailing Address

3532 AMACA CIRCLE

ORLANDO FL 32837

US

PROFIT CORPORATION ANNUAL REPORT

1. Corporation Name

Principal Place of Business

3020 LIONS COURT

KISSIMMEE FL 34744



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # S29619

MERCADO AUTO SALES, INC.

3. Date Incorporated or Qualifed 02/04/1991 2. Principal Place of Business 4. FEI Number Applied For 2a. Mailing Address Not Applicable 59-3090255 26 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certifcate of Status Desired Fee Required 27 22 \$5.00 May Be City & State City & State 6. Election Campaign Financing Added to Fees Trust Fund Contribution 28 23 Zip Country 8. This corporation owes the current year Intangible Zip Country □No Personal Property Tax. 30 25 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent MERCADO, MANUEL 82 Street Address (P.O. Box Number is Not Acceptable) 3532 AMACA CIRCLE ORLANDO FL 32837 83 85 Zip Code City 84 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 (NOTE: Registered Agent signature required when reinstating Signature, typed or printed name of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. ☐ Change DELETE 117ITLE TITLE 1.2 NAME NAME MERCADO, MANUEL 1.3 STREET ADDRESS 3532 AMAÇA CIRCLE STREET ADDRESS ORLANDO FL 32837 1.4 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition DELETE 2.1 TITLE TITLE 2.2 NAME MERCADO, DORIS NAME 3532 AMACA CIRCLE 2.3 STREET ADDRESS STREET ADDRESS ORLANDO FL 32837 2. 4 CITY-ST-ZIP CITY-ST-ZIF DELETE ☐ Addition 31 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change DELETE 4.1 TITLE TITLE 4 2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition DELETE Change 5.1 TOLE TITLE 52 NAME

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.

64 CITY-ST-ZIP

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

62 NAME

SIGNATURE:

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DELETE

2-15-99 -

(407) 846-1844

Change

☐ Addition

FILED Mar 06, 1999 8:00 am

Secretary of State

03-06-1999 90035 026 ***150.00

DO NOT WRITE IN THIS SPACE

CR2E034 (11/98)