SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

CORPORATION ANNUAL REPORT

DOCUMENT #

HIALEAH GARDENS FL 33016

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

S45660

1998

(5)

HIALEAH GARDENS FL 33016

M.C.M. AUTO SALES, INC.

Principal Place of Business Mailing Address 8200 NW 103RD STREET 8200 NW 103RD STREET

FILED

Secretary of State

Jul 29 1998 8:00am

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/16/1991

2. Principal Place of Business		2a. N	2a. Mailing Address				4. FEI Number	Applied For	
11		26	. 4 1				65-0267910	Not Applicable	
Sulte, Apt. #, ●tc.		27 S	r=m				5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State		(City & State				6. Election Campaign Financing	\$5.00 May Be	
23		28	28				Trust Fund Contribution	Added to Fees	
	Country	Z	ip	Coun	ıtry		8. This corporation owes or has paid the curr		
	25	29		30			Personal Property Tax due June 30.	Yes No	
9. Name and Address of Current Registered Agent						10. Name and Address of New Registered Agent			
Mach ad o, marta					81 Name				
8200 NW 103RD STREET HIALEAH GARDENS FL 33016					82 Street Address (P.O. Box Number Is Not Acceptable) 83				
				'	64	City	FL	85 Zip Code	
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									
						ent signature requir			
12. OFFICERS AND DIRECTORS THE DESCRIPTION OF THE PROPERTY OF				13.			ADDITIONS/CHANGES TO OFFICERS AN	ND DIRECTORS IN 12	
•			DELETE	1.1 TITL	.E			Change Addition	
1 . 5	•			1.2 NAM	ΛE				
				1.3 \$TRE	1.3 STREET ADDRESS				
P HIALEAH	GARDENS FL 33016			1.4 CITY	Y-ST-2	ZIP			
S			DELETE	2.1 TITL	Э.	İ		Change Addition	
I SAACUAD	A 111-1A					1			
MACTAU	O, MARIO			2.2 NAM	Æ	j			
/ ·-	U, MARIU 103RD STREET					ADDRESS			
ORESS 8200 NW	•				EET A				
ORESS 8200 NW	103RD STREET		DELETE	2.3 STRE	EETA /-ST-2			Change Addition	
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P HIALEAH DORESS P	103RD STREET			2.3 STRE 2.4 CITY 3.1 TITL 3.2 NAM 3.3 STRE 3.4 CITY 4.1 TITLI 4.2 NAM	EETA Y-ST-Z E ME EETA Y-ST-Z E ME EETA	ZIP ADDRESS . ZIP ADDRESS		Change Addition	
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P HIALEAH DORESS P	103RD STREET		DELETE	2.3 STRE 2.4 CITY 3.1 TITL 3.2 NAM 3.3 STRE 3.4 CITY 4.1 TITL 4.2 NAM 4.3 STRE 4.4 CITY 5.1 TITL 5.2 NAM	EET A V.ST2 E ME EET A E EET A E EET A E EET A E EET A	ZIP ADDRESS ADDRESS ZIP ADDRESS ZIP		Change Addition Change Addition	
	9. Name MACHADO, MA 8200 NW 103R HIALEAH GARD URE Signature, typed D MACHAD RESS 8200 NW HIALEAH S	Country 25 9. Name and Address of Current MACHADO, MARTA 8200 NW 103RD STREET HIALEAH GARDENS FL 33016 resuant to the provisions of sections 607.050/ice or registered agont, or both, in the State ent. I am familiar with, and accept the obligative. Typed or printed name of registered agon OFFICERS AN DACHADO, MARTA 8200 NW 103RD STREET HIALEAH GARDENS FL 33016	Apt. #, etc. S 27 8 State Country Z 28 Country Z 29 9. Name and Address of Current Register MACHADO, MARTA 8200 NW 103RD STREET HIALEAH GARDENS FL 33016 Trauant to the provisions of sections 607.0502 and 607. Ice or registered agont, or both, in the State of Florida ent. I am familiar with, and accept the obligations of, sections URE Signature, typed or printed name of registered agont and table if a OFFICERS AND DIRECT D MACHADO, MARTA 8200 NW 103RD STREET HIALEAH GARDENS FL 33016	State Country 25 Country 25 NAME and Address of Current Registered Agent MACHADO, MARTA 8200 NW 103RD STREET HIALEAH GARDENS FL 33016 Country 26 Country 27 Page 10 Country 28 Country 29 Page 10 Page	State Country Zip Country Zip Country Zip Country Zip Solute Apt. #, etc. 28 Country Zip Country Zip Solute Agent MACHADO, MARTA Delete Signature, typed or printed name of registered agent and title if applicable OFFICERS AND DIRECTORS MACHADO, MARTA Solute Agent MACHADO, MARTA MACH	State Country Zip Country Zip Country Zip Solution NACHADO, MARTA Solution Registered agent WACHADO, MARTA Solution Summary Solution Solution Country Zip Solution Solution Solution Solution Country Zip Solution So	State Country Zip Country Zip Country Zip Country Zip Country Zip Signature, typed or printed name of registered agent and title if applicable Signature, typed or printed name of registered agent and title if applicable OFFICERS AND DIRECTORS MACHADO, MARTA B1 Name B2 Street Address B2 Street Address B3 R4 City R5 Signature, typed or printed name of registered agent and title if applicable OFFICERS AND DIRECTORS D MACHADO, MARTA B200 NW 103RD STREET HALEAH GARDENS FL 33016 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS HALEAH GARDENS FL 33016 1.4 CITY-ST-ZIP	State City & State Country Zip Zip Country Zip	

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 ahrulal 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.

6.3 STREET ADDRESS

NAME STREET ADDRESS

CITY-ST-ZIP