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

PROFIT CORPORATION ANNUAL REPORT

1998



Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # S82551

(0)

LATIN AMERICAN AUTO SALES INC-

FILED Feb 03 1998 8:00am Secretary of State



Principal Place of Business Mailing Address								
PO BOX 8161 PO BOX 8161					†			
HIALEAH FL 33912 HIALEAH FL 33912								
1						VRITE IN THIS	SPACE	
İ					3. Date Incorporated or Qual	ried		
9 Principal S	Place of Business	2a. Mailing Address	····		09/25/1991 4. FEI Number			
21 Principal P	race of positiess	26. Maining Address			65-0285644		←	pplied For lot Applicable
Suite, Apt.	#. etc.		Suite, Apt. #, etc.					Additional
22		27			5. Certificate of Status Desire	d \square		Required
City & Star	te	City & State				ng	\$5 Of	May Be
23		28			Election Campaign Finance Trust Fund Contribution			to Fees
Zip	Country	Zip	Countr	/	8. This corporation owes or h	as paid the cu	rrent year Ir	ntangible
24	25	29	30		Personal Property Tax due		·	□No
	9. Name and Address of Curre	nt Registered Agent	81		10. Name and Address of Ne	w Registered	Agent	
TUNIDOR, EMMA C.				Name	2			
2329 WEST #1, 69 STREET			82	82 Street Address (P.O. Box Number is Not Acceptable)				
[HI	ALEAH FL 33016					, ,		
			83					ĺ
			84	City			85 Zip	Code
				,		FL	. i	
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 lamitiar with, and accept the obligations of, Section 607.0505, Florida Statutes.								
office or registered agent, or born, in the state of Honda. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am lamiliar with, and accept the obligations of, Section 607.0505, Florida Statutes.								
SIGNATURE								
	Signature, typed or printed name of registered as			ent signatu	re required when reinstating)	DATE		
12.	PD OFFICERS AF	ND DIRECTORS	1,1 TITLE		ADDITIONS/CHANGES TO	OFFICERS AND	Change	Addition
TITLE	TUNDIDOR, HECTOR	C better	1.7 ITTLE				L Change	
NAME	P.O. BOX 8161 N/A							
STREET ADDRESS	HIALEAH FL			ADDRESS				
CITY-ST-ZIP TITLE			1.4 CITY - 5 2.1 TITLE	11-212			Change	Addition
NAME			2.2 NAME			1		
STREET ADORESS			2.3 STREET	. vuudeee	1			
,	1 00 h 2 mm n e e mm 1		2, 4 CITY -					l
CITY-ST-ZIP TITLE			3.1 TITLE	01"ZIF			Change	Addition
NAME		Annual Transaction	3.2 NAME					
STREET ADDRESS			3.3 STACET	ADDRESS				,
CITY-ST-ZIP			3.4. CITY-					
TITLE		DELETE	4,1 TITLE	21 - 211			Change	Addition
NAME		-	4, 2 NAME				•	}
STREET ADDRESS			4.3 STREET	ADDRESS				
CITY-ST-ZIP			4.4 CITY-S					
TITLE		DELETE	5.1 TITLE				Change	☐ Addition
NAME		_	5.2 NAME				=	
STREET ADDRESS			5,3 STREET	ADDRESS	1			
CITY-ST-ZIP			5.4 CITY - S					
TITLE		DELETE	6.1 TITLE				Change	Addition
NAME			6.2 NAME					
STREET ADDRESS			6.3 STREET	ADDRESS				ļ
CITY-ST-ZIP			6.4 CITY-S					İ

14. Thereby certify that the Information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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 truster empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changed, or on an attachment with an address.

1/27/98