PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Apr 02, 1999 8:00 am Secretary of State

04-02-1999 90011 002 ***150.00

DOCUMENT # S99839 1. Corporation Name

J. & V. AUTO CENTER, CORP.

** ***********************************		s, 						-
Principal Place of Business Mailing Address					-			
141 N.W. 22 AVE. 141 N.W. 22 AVE. MIAMI FL 33125 MIAMI FL 33125								
MIAMI PL 33123	•	MIMMI TE OUTES			DO NOT WRITE IN THE	HIS SPACE		
ł					3. Date Incorporated or Qualifed			
					12/11/1991			
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number	Apı	plied For	
21 26		26			65-0302130		t Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 A	1	
22 -		27			V. 661,113616 C. 611111 (Fee Re	quired	
City & State		City & State	City & State		6. Election Campaign Financing	\$5.00		
23		28			Trust Fund Contribution	Added to	o Fees	
Zip	Country	Zip	Country	′	8. This corporation owes the current year		TAIL .	
24	25		10		Personal Property Tax. 10. Name and Address of New Register	Yes ,	No	
	9. Name and Address of Currer	nt Registered Agent	81	Name	_10 Name and Address of New Register	ed Agent	****	
ARDI	EU, NELIDA C.			ITAMIO				
	N.W. 22 AVE.		82	Street Addre	ess (P.O. Box Number is Not Acceptable)			
ľ	MI FL 33125		83					
I INITAN	WI 1 L 30 123		103					
ž*	•		84	City		85 Zip C	Code	
· · · · ·		DD COT 4500 Flacido Ctotatos	the chave				registered	
Office or r	edistared edent or both in the State	of Florida. Such change was aut	norizea by	tne corporation	oration submits this statement for the purpose n's board of directors. I hereby accept the ap	pointment as reg	gistered	
agent. I a	m familiar with, and accept the obliga	ations of, Section 607.0505, Florid	da Statutes	3 .			}	
SIGNATURE								
SIGNATURE					DATE			_
	Signature, typed or printed name of registered age			nt signature required			RS IN 12	(00)
12.	OFFICERS AI	ND DIRECTORS	13.	nt signature required	when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS		RS IN 12	44 (00)
12.	OFFICERS AF		13. 1.1 TITLE	nt signature required	Tritori remoterny	AND DIRECTO		(44,00)
12. TITLE NAME	OFFICERS AI PST ABREU, JULIO C.	ND DIRECTORS	13. 1.1 TITLE 1.2 NAME		Tritori remoterny	AND DIRECTO		100/14/00)
12. TITLE NAME STREET ADDRESS	OFFICERS AND PST ABREU, JULIO C. 1645 W. 65ST.	ND DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREE	T ADDRESS	Tritori remoterny	AND DIRECTO		700/1/1/00/
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AI PST ABREU, JULIO C.	ND DIRECTORS	13. 1.1 TITLE 1.2 NAME	T ADDRESS	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO		(00) 14 (00)
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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 changes, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Daytime Phone #