

FILED
May 12, 1999 8:00 am
Secretary of State

05-12-1999 90004 038 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Sandra B. Morinham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # V23989

1. Corporation Name

HI-TECH TUNE, INC. ✓

Principal Place of Business

Mailing Address

4201 East Colonial Drive
Orlando, Florida 32807

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
March 23, 1992

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number

59-3123733 ✓

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year ☒ Tangible
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

Ivelise Acosta
4201 E. Colonial Dr.
Orlando, FL 32803

10. Name and Address of New Registered Agent

81 Name Luiz C. Abrahao

82 Street Address (P.O. Box Number is Not Acceptable)
4201 E Colonial Dr.

83

84 City Orlando

FL

85 Zip 32807

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. Pres OFFICERS AND DIRECTORS

TITLE
NAME Miguel Acosta
STREET ADDRESS 4201 E Colonial Dr.
CITY-ST-ZIP Orlando, FL 32803 ☒ DELETE

TITLE
NAME Vice-Pres, Treas Ivelisse Acosta
STREET ADDRESS 4201 E. Colonial Dr.
CITY-ST-ZIP Orlando, FL 32803 ☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

13. Pres ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Luiz C. Abrahao ☐ Change ☐ Addition
1.2 NAME 4201 E Colonial Dr.
1.3 STREET ADDRESS Orlando, FL 32807
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME 800002764038-4
2.3 STREET ADDRESS -02/04/99-01005-001
2.4 CITY-ST-ZIP *****26.25 *****26.25

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME 800002764038-4
3.3 STREET ADDRESS -12/14/98-01113-015
3.4 CITY-ST-ZIP *****35.00 *****35.00

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-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 annual report is true and accurate and that my signature shall have the same legal effect as if I were a director of the corporation and 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature Phone #

CR2E034 (10/97)