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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # V25590 1. Corporation Name

PROLINE AUTOMOTIVE, INC.

Mar 24, 1999 8:00 am Secretary of State

03-24-1999 90014 037 ***150.00



	•							<u>. </u>							
Principal Place	e of Business		Ma	ling Address		•		. ""		************					
PROLINE AUTO	MOTIVE			NW 58TH STREET											
8260 NW 58TH STREET				MIAMI FL 33166				1	DO NOT WRITE IN THIS SPACE						
MIAMI FL 33166 US				US				3. Date Inco	3. Date Incorporated or Qualifed						
•								04/01/	•						
2. Principal P	tace of Busines	s	2a.	Mailing Address				4. FEI Num					. 11	Appl	ied For
21			26	·				65-032	9171					Not .	Applicable
Suite, Apt.	#, etc.			Suite, Apt. #, etc.				5. Certifcate		onirod			\$8.7	5 Ad	ditional
								5. Certificati	or Status D	esireu			Fee	Req	uired
City & Stat	te			City & State				6. Election	Campaign Fi	nancing			\$5.0	00 M	lay Be
23			28					Trust Fur	nd Contributi	on			Add	ed to	Fees
Zip	_	Country		Zip	Cou	ntry		8. This corp	oration owe:	s the curre	ant ye				.
24	25 29							Personal Property Tax. Yes 10. Name and Address of New Registered Agent						Ų	No
	9. Name an	d Address of Cur	rent Regist	ered Agent		-		10. Name at	nd Address	of New R	egist	tered A	\gent		
ODT	TOA FELLY C	YEDADDO				81	Name								
ORTEGA, FELIX GERARDO						82	Street Ad	1dress (P.O. Box N	lumber is No	t Accepta	ble)				
12040 ASHFORT LANE							8260 NI	ω 5	3 124	<u>5</u>	7				
DAV	TE FL 33325					83									
						84	City	loo.'.					85 2	Zip Co	ode, /
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agent. I a SIGNATURE	Signature, typed or p	end/accepture ob Liver July printer name of registered	mu l	7.1508, Florida Statu Such Change was Section 607.0505, F	E: Registered	• -		uired when reinstating)			K DA	TE.	···		
12.		OFFICERS	AND DIREC		13.			ADDITION	IS/CHANGE	S TO OF	FICE	RS ANI			
TITLE	P			☐ DELETE	1.1 TI								Char	ige	☐ Addition
NAME		elix gerardo			,1.2 N	ME		0260	NW	58	<u>t</u>	ST	•		
STREET ADDRESS	4	FORT LANE			135	REET	ADDRESS	8260	-	_		_,		. ,	1.
CITY-ST-ZIP	DAVIE FL.					TY-SI	r-ZIP	mian	ML.	<u>+</u>	<u>1,</u>		33		
TITLE				☐ DELETE	2.1 TI	TLE			•			,	☐ Char	ige	Addition
NAME					2.2 N	AME									
STREET ADDRESS			•		2.3 \$	REET	ADDRESS								
CITY-ST-ZIP					2.40	ΠY-S	T-ZIP								
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NAME					3.2 N										
STREET ADDRESS					3.3 \$	REET	ADDRESS								
CITY-ST-ZIP		<u> </u>			_	ΠY-S	T-ZIP								
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NAME					4.2 N	AMÉ									ĺ
STREET ADDRESS					4.3 S	TREET	ADDRESS	•	₹ ;						
CITY-ST-ZIP		· ·			4.4 C	TY-\$1	r-ZIP		<u>. </u>						
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NAME					5.2 N										
STREET ADDRESS							ADDRESS								
CITY-ST-ZIP						TY-51	r-zip								
TITLE				☐ DELETE	6.1 TI			•					Char	nge	☐ Addition
NAME					6.2 N										
STREET ADDRESS	J				6.3 S	TREET	ADDRESS								
CITY-ST-ZIP					6.4 C	TY-S1	T-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 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 the receiver or trustee empowered.

SIGNATURE: