

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

FILED  
May 10, 1999 8:00 am  
Secretary of State

05-10-1999 90118 021 \*\*\*150.00

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PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # V31574

1. Corporation Name

JOSE'S AUTO SALES, INC.

Principal Place of Business

2634 NW 27TH AVE  
MIAMI FL 33142-6535

Mailing Address

2634 NW 27TH AVE  
MIAMI FL 33142-6535

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/24/1992

4. FEI Number

65-0329614

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 the current year intangible  
Personal Property Tax.

☐ Yes

☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

GRONOWICH, DAVID  
5555 COLLINS AVE  
SUITE 4B  
MIAMI BEACH FL 33139

10. Name and Address of New Registered Agent

81 Name

MORRIS SAIDENSTAT

82 Street Address (P.O. Box Number is Not Acceptable)

2634 NW 27TH AVE

83

84 City

MIAMI

FL

85 Zip Code

33142

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

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

MORRIS SAIDENSTAT RD.

4/18/99

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

12. TITLE P ☒ DELETE

NAME GRONOWICH, DAVID  
STREET ADDRESS 5555 COLLINS AVE #48  
CITY-ST-ZIP MIAMI BEACH FL 33139

TITLE VP ☒ DELETE

NAME GRONOWICH, ALIDA  
STREET ADDRESS 5555 COLLINS AVE #48  
CITY-ST-ZIP MIAMI BEACH FL 33139

TITLE DS ☐ DELETE

NAME MAHUEL SAIDENSTAT  
STREET ADDRESS 716 MICHIGAN AVE #501  
CITY-ST-ZIP MIAMI BEACH FL 33189

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

P. ☒ Change ☐ Addition

1.2 NAME

MORRIS SAIDENSTAT

1.3 STREET ADDRESS

2634 NW 27TH AVE

1.4 CITY-ST-ZIP

MIAMI, FL 33142 - 6535

2.1 TITLE

U.P. ☒ Change ☐ Addition

2.2 NAME

MANUEL SAIDENSTAT

2.3 STREET ADDRESS

716 MICHIGAN AVE #501

2.4 CITY-ST-ZIP

MIAMI BEACH, FL 33189

3.1 TITLE

☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

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 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, with all other like empowered.

SIGNATURE:

*Manuel Saidenstat*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MANUEL SAIDENSTAT VP

Date

Daytime Phone #

CR2E034 (1/98)