

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
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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
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DO NOT WRITE IN THIS SPACE

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	29
25	30

3. Date Incorporated or Qualified 04/24/1992	
4. FEI Number 65-0329614	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

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	85 Zip Code FL 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* **MORRIS SAIDENSTAT** P.O. **4/18/99**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	P <input checked="" type="checkbox"/> DELETE
NAME	GRONOWICH, DAVID
STREET ADDRESS	5555 COLLINS AVE #48
CITY-ST-ZIP	MIAMI BEACH FL 33139
TITLE	VP <input checked="" type="checkbox"/> DELETE
NAME	GRONOWICH, ALIDA
STREET ADDRESS	5555 COLLINS AVE #48
CITY-ST-ZIP	MIAMI BEACH FL 33139
TITLE	DS <input type="checkbox"/> DELETE
NAME	MAHUEL SAIDENSTAT
STREET ADDRESS	716 MICHIGAN AVE #501
CITY-ST-ZIP	MIAMI BEACH FL 33189
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> 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. <input checked="" type="checkbox"/> Change <input type="checkbox"/> 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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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* **MANUEL SAIDENSTAT VP** **4/18/99**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)