SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.

AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortkant

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V47075

Country

(9)

CHAPIN AUTO SALES, CORP.

Principal Place of Business 1873 OPA LOCKA BLVD. OPA LOCKA FL 33054

2. Principal Place of Business

Suite, Apt. #. etc.

SIGNATURE:

City & State

Mailing Address

15913 NW 45TH AVE OPALOCKA FL 33054

2a. Mailing Address

City & State

Zip

Suite, Apt. #. etc.

26

27

28

US

21

23

Zip

FILED
Jul 29 1998 8:00am
Secretary of State



DO NOT WRITE IN THIS SPACE

8. This corporation owes or has paid the current year Intangible

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

626-0703

Not Applicable

3. Date Incorporated or Qualified

5. Certificate of Status Desired

6. Election Campaign Financing

Trust Fund Contribution

06/25/1992 4. FEI Number

65-0345980

24	25	29	34	0			Personal Property Tax due June 30. Yes No
9. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent		
BARRIOS, EDDY A						eme	
15913 NW 45TH AVE OPALOCKA FL 33054				82	St	reet Addres	ss (P.O. Box Number is Not Acceptable)
				["	Other regions (F.O. Dex Humber in Not Acceptable)		
				83			
				84	Ci	hu	■■ 85 Zip Code
	_			100	"	.,	FL s z p coue
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: Registere					tered Agent signature required when reinstating) DATE		
12.		OFFICERS AND DIRECTORS		13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PST Barrios, dora i	<u>_</u>	_ DELETE	1.1 TITLE			Change
NAME	15013 NW 45TH A			1.2 NAME		ļ	
STREET ADORESS	OPALOCKA FL	/VC		1.3 STREET		ESS	
CITY-ST-ZIP	VM			1.4 CITY-ST	T-ZIP		
TITLE	BARRIOS, EDDY A	L	_ DELETE	2 1 TITLE			Change Addition
NAME	15913 NW 45TH A			2.2 NAME			
STREET ADDRESS	OFALOCKA FL	/AE		2.3 STREET		ESS	
CITY-ST-ZIP TITLE	OTALOGICA TE		7	2.4 CITY-ST 3.1 TITLE	T-ZIP		
NAME		L	_ DELETE	3.2 NAME			Change Addition
STREET ADDRESS				3.2 NAME 3.3 STREET		1500	
J						1500	
CITY-ST-ZIP TITLE			DELETE	3.4 CITY-ST 4.1 TITLE	1-211		T OLDER
NAME		L	") DEFE IE	4.2 NAME			☐ Change ☐ Addition
STREET ADORESS				4.3 STREET	r anne	ESS	
CITY-ST-ZIP				4.4 CITY-ST			}
TITLE		Γ	DELETE	5.1 TITLE			3000025044Bkange Addition
NAME		Ļ_		5.2 NAME			-07/31/9801083 0 22
STREET ADDRESS				5.3 STREET	ADDR	ESS	***150.00
CITY-ST-ZIP				5.4 CITY-ST	r-ZIP		
TITLE			DELETE	6.1 TITLE		1	Change Addition
NAME		•	-	6.2 NAME			\n/ \n
STREET ADDRESS				6.3 STREET	ADDR	ESS	/% <u>.14 </u>
CITY-ST-ZIP				6.4 CITY-\$1			1/1/20
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 ennual report or supplemental annual report is true and excurate 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 receipt or trustee employered 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.							

Country

CHAPIN AUTO SALES 1873 OPA LOCKA BLVD. OPA LOCKA, FL 33054

2

JULY 20 98

TO FLORIDA DEPARTMENT OF STATE.

DIVISION OF CORPORATION:

THIS LETTER IS TO STATE THAT WE DIN'T RECEIVED THE FIRST APLICATION FOR AMUAL REPORT CONFORMATION BACK IN MAY, AS PER CONVERSATION WITH MS STACY IN REISTATEMENT DEPARTMENT IT IM SENDING THE CHECK FOR THE AMOUNT OF 150° TOGETHER WITH SECOND NOTICE and The attached Letter. ANY QUESTIONS PLEASE CAll 305-626-0703 ask FOR EDDY.

Sincerky

ED DY Barrib

V. President