SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000081710

BECCO INC.

FILED Jul 15, 1999 8:00 am Secretary of State

07-15-1999 90014 002 ***550.00

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Principal Place of Business Mailing Address						
747 CHESTNUT SUITE 200 SPRING VALLE		747 CHESTNUT RIDGE ROAD SUITE 200 SPRING VALLEY NY 10977				DO NOT WRITE IN THIS SPACE
						3. Date Incorporated or Qualified
						10/01/1996
2. Principal Pl	2a. Mailing Address	ing Address			4. FEI Number Applied For	
21		26				13-3631244 Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired \$8.75 Additional Fee Required
City & State)	City & State			6. Election Campaign Financing \$5.00 May Be	
23		28				Trust Fund Contribution Added to Fees
Zip	Country	Zip	Country			8. This corporation owes the current year
24	25	29	30			Intangible Personal Property. Yes No
-	9. Name and Address of Curren	t Registered Agent		81		10. Name and Address of New Registered Agent
					Name	
SOUTHEAST AUTOMOTIVE ACQUISITION CORP. 7500 NW 77TH TERRACE				82 Street Address (P.O. Box Number is Not Acceptable)		
		62 Siret At		Oll Bell A	Address (i . C. Dox (idiliber is free viscopiable)	
MIAI	MI FL 33166	83		83		
				84	City	FL 85 Zip Code
						prporation submits this statement for the purpose of changing its registered
office or i agent. I a	registered agent, or both, in the State am familiar with, and accept the obliga	of Florida. Such change was a	uthorized	d by	the corpo	ration's board of directors. I hereby accept the appointment as registered
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Ref				Registered Agent signature required when reinstating) DATE		
12. OFFICERS AND DIRECTORS			13.	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	P	DELETE	1.1 TIT	1.1 TITLE		Change Addition
NAME	ROTHSCHILD, STEVEN B		1.2 NAME		1	
	747 CHESTNUT RIDGE RD		1.3 STREET		*DDDCCC	
STREET ADDRESS			1.4 CiTY-ST-ZIP			`
CITY-ST-ZIP	SPRING VALLEY NY			2.1 TITLE		
TITLE	\$	☐ DELETE	1	1		Change Addition
NAME	WELDLER, HARRY		2.2 NAME			
STREET ADDRESS	747 CHESTNUT RIDGE RD		2.3 ST	2.3 STREET A		
CITY-ST-ZIP	SPRING VALLEY, NY		2.4 CF	2.4 CITY-ST-ZIP		
TITLE	,	DELETE	3.1 TIT	.1 TITLE		Change Addition
NAME			3.2 NA	ME		
STREET ADDRESS			3.3 ST	REET	ADDRESS	
CITY-ST-ZIP			3.4 Cf	TY-ST	-ZIP	
TITLE		DELETE	4.1 TIT			Change Addition
NAME			4.2 NA	ME		
' l					ADDRESS	
STREET ADDRESS					ADDRESS	
CITY-ST-ZIP			4.4 CT		-2119	
TITLE		☐ DELETE		5.1 TITLE		Change Addition
NAME			5.2 NAME			
STREET ADDRESS			5.3 ST	REET	ADDRESS	
CITY-ST-ZIP			5.4 Ci	TY-ST	-ZIP	
TITLE		☐ DELETE	6.1 TITLE			Change Addition
NAME			6.2 NA	ME	ļ	
STREET ADDRESS			6.3 STREET		ADDRESS	
CITY-ST-ZIP	\$		6.4 CITY-ST		1	
	ertify that the information supplied with	this filing does not qualify for the	ha avamr	stion	stated in	section 119.07(3)(i), Florida Statutes. I further certify that the information
indicated o	on this annual report or supplemental or director of the corporation or the re cor Block 13 if changed, or on an atta	annital report is true and accur ceiver or trustee employered to	rate and one coute	that this	my signat report as	security is a same legal effect as if made under oath; that I am s required by Chapter 607, Florida Statutes; and that my name appears