

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P95000042545**

1. Corporation Name

NATIONAL MOTORS CORP

Principal Place of Business

Mailing Address

**540 N. HWY 434
SUITE #14
ALTAMONTE SPRINGS
FL 32714**

**323 TULANE DR
ALTAMONTE SPGS
FL 32714**

2. Principal Place of Business

2a. Mailing Address

21 **540 N. HWY 434**

26 **323 TULANE DR**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **14**

27

23 **ALTAMONTE SPGS FL**

28 **ALTAMONTE SPRINGS FL**

24 **32714**

25 **SEMINOLE**

29 **32714**

30 **SEMINOLE**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**LUIS RODRIGUEZ
9401 FOREST CITY RD
ALTAMONTE SPRINGS, FL 32714**

81 Name **PREBISTERIO SANTANA**

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

83

84 City **ALTAMONTE SPRINGS**

85 Zip Code **FL 32714**

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]

Prebisterio Santana

A-30-96

Signature of Current Registered Agent (if different from above)

(If Not) Registered Agent's name required when registering

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **V-PRESIDENT** ☒ DELETE
NAME **LUIS RODRIGUEZ**
STREET ADDRESS **9401 FOREST CITY RD**
CITY-ST-ZIP **ALTAMONTE SPGS FL 32714**

1. TITLE **V-PRESIDENTE** ☒ Change ☐ Addition
2. NAME **KELVIN SANTANA**
3. STREET ADDRESS **323 TULANE DR**
4. CITY-ST-ZIP **ALTAMONTE SPRINGS FL 32714**

TITLE **REGISTERED AGENT** ☒ DELETE
NAME **LUIS RODRIGUEZ**
STREET ADDRESS **9401 FOREST CITY RD**
CITY-ST-ZIP **ALTAMONTE SPRINGS FL 32714**

2. TITLE **Registered Agent** ☒ Change ☐ Addition
3. NAME **Prebisterio Santana**
4. STREET ADDRESS **323 TULANE DR**
5. CITY-ST-ZIP **ALTAMONTE SPRINGS FL 32714**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

3. TITLE **e.g. S/T** ☐ Change ☒ Addition
4. NAME **Kelvin Santana**
5. STREET ADDRESS **323 TULANE DR**
6. CITY-ST-ZIP **Altamonte Springs FL 32714**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4. TITLE **D** ☐ Change ☒ Addition
5. NAME **Prebisterio Santana**
6. STREET ADDRESS **323 TULANE DR**
7. CITY-ST-ZIP **Altamonte Springs FL 32714**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5. TITLE ☐ Change ☐ Addition
6. NAME
7. STREET ADDRESS
8. CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6. TITLE **400001845384** ☐ Change ☐ Addition
7. NAME **-05/31/96--01015--038**
8. STREET ADDRESS *****200.00**
9. CITY-ST-ZIP **S-1-96**

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

A-30-96 (407)682-0227

CR2E034 (12/95)