


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

FILED

Apr 17 1997 8:00am
Secretary of State

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|--|----------------------------|--|--|--|--|
| PROFIT CORPORATION ANNUAL REPORT 1997 | |  | | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS | |
| DOCUMENT # P95000042545 (0) 1. Corporation Name NATIONAL MOTORS CORP. | | | | | |
| Principal Place of Business 540 NORTH HIGHWAY 434 SUITE 14 ALTAMONTE SPRINGS FL 32714 | | | Mailing Address 323 TULANE DRIVE ALTAMONTE SPRINGS FL 32714-4137 | | |
| 2. Principal Place of Business 21 540 NORTH HIGHWAY 434 Suite, Apt. #, etc. 22 6 City & State 23 ALTAMONTE SPRINGS FL Zip 24 32714 | | 2a. Mailing Address 26 Same above Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30 | | 3. Date Incorporated or Qualified 05/25/1995 3a. Date of Last Report 05/01/1996 4. FEI Number 59-3318444 Applied For 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 has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| 9. Name and Address of Current Registered Agent SANTANA, PREBISTERIO 323 TULANE DRIVE ALTAMONTE SPRINGS FL 32714 | | | 10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code | | |
| 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 _____ <small>Signature typed or printed name of registered agent and fee if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | | | |
| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
| TITLE | VPST | <input type="checkbox"/> DELETE | 1.1 TITLE | PRESIDENT | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | SANTANA, KELVIN | | 1.2 NAME | AGUSTIN ARAGONES | |
| STREET ADDRESS | 323 TULANE DRIVE | | 1.3 STREET ADDRESS | 323 TULANE DR. | |
| CITY-ST-ZIP | ALTAMONTE SPRINGS FL 32714 | | 1.4 CITY-ST-ZIP | ALTAMONTE SPRINGS, FL 32714 | |
| TITLE | RAD | <input type="checkbox"/> DELETE | 2.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SANTANA, PREBISTERIO | | 2.2 NAME | | |
| STREET ADDRESS | 323 TULANE DRIVE | | 2.3 STREET ADDRESS | | |
| CITY-ST-ZIP | ALTAMONTE SPRINGS FL 32714 | | 2.4 CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE | 3.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | | 3.2 NAME | | |
| STREET ADDRESS | | | 3.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 3.4 CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE | 4.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | | 4.2 NAME | | |
| STREET ADDRESS | | | 4.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 4.4 CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE | 5.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | | 5.2 NAME | | |
| STREET ADDRESS | | | 5.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 5.4 CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE | 6.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | | 6.2 NAME | | |
| STREET ADDRESS | | | 6.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 6.4 CITY-ST-ZIP | | |
| 14. I do 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. | | | | | |
| SIGNATURE: <i>S. Santana</i> | | | 4-7-97 (407) 682-0127 | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | DATE Daytime Phone # | | |



CFR2E034 (9/96)