

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

FILED
May 04, 1999 8:00 am
Secretary of State

05-04-1999 90206 002 ***150.00

PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **P95000093992**

1. Corporation Name
CAR PLAZA, INC.



Principal Place of Business
**8360 W. OAKLAND PARK BLVD. #201
 SUNRISE FL 33351**

Mailing Address
**8360 W. OAKLAND PARK BLVD. #201
 SUNRISE FL 33351**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 21 []
 Suite, Apt. #, etc.
 22 []
 City & State
 23 []
 Zip Country
 24 [] 25 []

2a. Mailing Address
 26 []
 Suite, Apt. #, etc.
 27 []
 City & State
 28 []
 Zip Country
 29 [] 30 []

3. Date Incorporated or Qualified
12/08/1995

4. FEI Number
65-0624302

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ARIE MREJEN, P.A.
 701 W CYPRESS CREEK RD
 SUITE 302
 FT LAUDERDALE FL 33309**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KADOCH, DAVID	1.2 NAME	
STREET ADDRESS	8360 W. OAKLAND PARK BLVD. #201	1.3 STREET ADDRESS	
CITY-ST-ZIP	SUNRISE FL	1.4 CITY-ST-ZIP	
TITLE	DT <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZOUR, ISRAEL	2.2 NAME	
STREET ADDRESS	12700 BISCAYNE BLVD SUITE 202	2.3 STREET ADDRESS	
CITY-ST-ZIP	NORTH MIAMI FL	2.4 CITY-ST-ZIP	
TITLE	DS <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DJERASSI, GIDEON	3.2 NAME	
STREET ADDRESS	9800 SW 4TH STREET	3.3 STREET ADDRESS	
CITY-ST-ZIP	PLANTATION FL	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	Secretary
STREET ADDRESS		4.3 STREET ADDRESS	210 TIRASH
CITY-ST-ZIP		4.4 CITY-ST-ZIP	210 174th STREET
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	BRUCE FORESTER
STREET ADDRESS		5.3 STREET ADDRESS	4045 SHERIDAN AVE #432
CITY-ST-ZIP		5.4 CITY-ST-ZIP	MIAMI BEACH FL
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	PETER TIRASH
STREET ADDRESS		6.3 STREET ADDRESS	210 174th ST
CITY-ST-ZIP		6.4 CITY-ST-ZIP	MIAMI BEACH FL 33180

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: _____ DATE: **4/20/99** DAYTIME PHONE #: **954-749-2030**

CR2E034 (1/198)