

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # S36670 (5)

1. Corporation Name

AMBAR MOTORS INC.



Principal Place of Business

501 NW 37 AVE
MIAMI FL 33125
US

Mailing Address

~~1000 W 79 STREET
MIAMI FL 33014
US~~

3. Date Incorporated or Qualified

03/11/1991

3a. Date of Last Report

03/20/1995

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

501 N.W. 37 Ave.

Suite, Apt. #, etc.

27

City & State

28

MIAMI, Florida

29

33125

30

U.S.A.

4. FEI Number

65-0253492

Applied For

Not Applicable

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 has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

MARRERO, CARMEN
3250 SW 87 PLACE
MIAMI FL 33165

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 607.1503, 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 authorize the filing of this statement. Section 607.0505, Florida Statutes.

SIGNATURE

[Signature]

DATE (Registered Agent Signature required when changing)

DATE

4-29-96

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME
D MARRERO, CARMEN
STREET ADDRESS
3250 SW 87TH PL
CITY-ST-ZIP
MIAMI FL

TITLE ☐ DELETE

NAME
D MARRERO, HECTOR JR
STREET ADDRESS
3250 SW 87TH PL
CITY-ST-ZIP
MIAMI FL

TITLE ☐ DELETE

NAME
D SILVA, LOUIS
STREET ADDRESS
7330 SW 112 PLACE CIR
CITY-ST-ZIP
MIAMI FL

TITLE ☐ DELETE

NAME
D ALVAREZ, MIGUEL
STREET ADDRESS
3250 SW 87 PLACE
CITY-ST-ZIP
MIAMI FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

15 TITLE

16 NAME

17 STREET ADDRESS

18 CITY-ST-ZIP

19 TITLE

20 NAME

21 STREET ADDRESS

22 CITY-ST-ZIP

23 TITLE

24 NAME

25 STREET ADDRESS

26 CITY-ST-ZIP

27 TITLE

28 NAME

29 STREET ADDRESS

30 CITY-ST-ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

35 TITLE

36 NAME

37 STREET ADDRESS

38 CITY-ST-ZIP

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

4-29-96

DATE

Daytime Phone #

CR2E034 (12/95)