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PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **J17114** (6)

1. Corporation Name

POSCAR, INC.



Principal Place of Business

Mailing Address

**13890 SW 139TH CT
MIAMI FL 33186
US**

**13890 SW 139TH CT
MIAMI FL 33186
US**

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

9. Name and Address of Current Registered Agent

**POSADA, LUIS
10447 SW 108TH AVE
#172-E
MIAMI FL 33176**

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

Signature typed in printed form of the registered agent and the filer, if different.

Address of the Registered Agent and the filer, if different.

DATE

12. OFFICERS AND DIRECTORS

TITLE

PD

☐ DELETE

NAME

POSADA, LUIS

STREET ADDRESS

10447 SW 108TH AVE #172E

CITY - ST - ZIP

MIAMI FL

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

SECRETARY

☒ Change

☐ Addition

1.2 NAME

POSADA, LUIS

1.3 STREET ADDRESS

10447 SW 108TH AVE #172-E

1.4 CITY - ST - ZIP

MIAMI, FL. 33176

2.1 TITLE

PRESIDENT

☐ Change

☒ Addition

2.2 NAME

GUTIERREZ, OSCAR

2.3 STREET ADDRESS

205 CAMLET ST.

2.4 CITY - ST - ZIP

KEY LARGO, FL. 33071

☐ Change

☐ Addition

3.1 TITLE

☐ Change

☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

☐ Change

☐ Addition

4.1 TITLE

☐ Change

☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

☐ Change

☐ Addition

5.1 TITLE

☐ Change

☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

☐ Change

☐ Addition

6.1 TITLE

☐ Change

☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

04/29/96

(305) 292-7793

CR2E034 (12/95)