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

PROFIT CCRPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secreta v of State DIVISION OF CORPORATIONS

FILED Apr 26, 1999 8:00 am Secretary of State

04-26-1999 90106 001 *1,050.00

1 (MANA) (1919 (1919)(N)) (AAN) (AAN) (AAN) (AN)) (AN)) (AN)) (AN)) (AN)) (AN))

DOCUMENT # 193775

1. Corporation Name

SOUTH MOTOR COMPANY OF DADE COUNTY

Principal Place of Business Mailing Address							19199 11111 19911 18991 41	**** # # * * * *		-,-,,	
16165 S DIXIE HWY 16165 S DIXIE HWY											
MIAMI FL 3315	7	MIAMI FL 33157				DO NOT WRITE IN THIS SPACE					
						3. Date Incorporat	ed or Qualifed				
						06/11/1956					
2. Principal P	ace of Business	2a. Mailing Address	Mailing Address			4. FEI Number	4. FEI Number			App	ied For
21		26			59-0788556	59-0788556 Not A			Applicable		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired				\$8.75 Additional		
22		27			Fee Required					quired	
City & S ate		City & State			6. Election Campa]	\$5.00 May Be				
					Trust Fund Contribution Added to Fees						
Zip Country		Zip Country			8. This corporation owes the current year Intangible Personal Property Tax Personal Property Tax						
24 25		29 30 30					Personal Property Tax.				
	9. Name and Address of Curre	nt Registered Agent		81	Name	10. Name and Add	ress of New Negr	atereu ,	igent		
HOF	FMAN, LARRY J.										
	I BRICKELL AVENUE			82	Street A	Acdress (P.O. Box Number is Not Acceptable)					
	MI FL 33131										
				83							
				84	City			FI	85	Zip C	ode
office or r	to the provisions of Sections 607.05 egistered agent, or both, in the State m familiar with, and accept the oblig	e of Florida. Such change was	3 - Buthorized	i by '	tne corpoi	erporation submits this sta ration's board of directors.	itement for the purp I hereby accept the	pose of e e appoir	;hangi tment	ng its as reç	registered g stered
SIGNATURE	Signature, typed or printed name of registered ag	ent and title if applicable. (NC	T E Registered	Agen	t signature re	quired when reinstating)		DATE			
12.		NI) DIRECTORS	13.				ANGES TO OFFICE	ERS AN) DIRI	ECTO	RS IN 12
TITLE	CD	☐ DELETE	1.1 TC	ſLΕ					☐ Ch	ange	Addition
NAME	DASCAL, CHARLES	1.2 N		1.2 NAME							
STREET ADDRESS	1801 SW FIRST STREET	1.3 \$		1.3 STREET ADDRESS							
CITY-ST-ZIP	MIAMI FL			1.4 CITY-ST-ZIP							
TITLE	SD	☐ DELETE	2.1 TI	ΠE					☐ Ch	ange	Addition
NAME	HOFFMAN, LARRY J		2.2 NAME		-						
STREET ADDRESS	1221 BRICKELL AVE		2.3 \$7		ADDRESS						
CITY-ST-ZIP	MIAMI FL		2 4 C	ITY-S	T-ZIP						
TITLE	AS	☐ DELETE	3 1 TI	TLE					☐ Ch	ange	☐ Addition
NAME	HILTON, JOHN		3 2 N/	ME							
STREET ADDRI .SS	16165 S. DIXIE HWY		3.3 ST	REET	ADDRESS						
CITY-ST-ZIP	MIAMI FL		3 4. C		T-ZIP	·————					- Addition
TITLE	PCD	☐ DELETE	4 1 TI						Ch	ange	☐ Addition
NAME	VILLAMANAN, MANUEL		4. 2 N	AME							
STREET ADDRESS	16165 S. DIXIE HWY		4.3 \$1	REET	ADDRESS						
CITY-ST-ZIP	MIAMI FL		4.4 CI		r-zip	·					
TITLE		☐ DELETE	5.1 TF						☐ Ch	ange	Addition
NAME			5 2 N/								
STREET ADDRESS					ADDRESS						
CITY-ST-ZIP			5.4 CI		ſ-ZIP						
TITLE		☐ DELETE	6.1 Tf						Ch	ange	Addition
MALIE	1		6.2 N	AME							

14. I here by 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 supplied 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 change 1 or an appears, with all other like empowered

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CR2E034 (11/98)