

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 19, 2004 08:00 AM
Secretary of State

DOCUMENT # 193775

1. Entity Name

SOUTH MOTOR COMPANY OF DADE COUNTY



Principal Place of Business

**16165 S DIXIE HWY
MIAMI, FL 33157**

Mailing Address

**16165 S DIXIE HWY
MIAMI, FL 33157**



07022004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-0788556

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**HOFFMAN, LARRY J.
1221 BRICKELL AVENUE
MIAMI, FL 33131**

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**CD
DASCAL, CHARLES
1801 SW FIRST STREET
MIAMI, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
HOFFMAN, LARRY J
1221 BRICKELL AVE
MIAMI, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**AS
HILTON, JOHN
16165 S. DIXIE HWY
MIAMI, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PCD
VILLAMANAN, MANUEL
16165 S. DIXIE HWY
MIAMI, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
CHARIFF, JONATHAN
16165 S DIXIE HIGHWAY
MIAMI, FL 33157**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000167078
07/19/04-80010-008 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

JOHN A. HILTON, CFO
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7-604 305-256-2317