

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1986.
AMOUNT DUE ON OR BEFORE 8/9/86: \$275 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

PROFIT
CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # 312817 (0)

95 JUN 30 AM 9:38

1. Corporation Name

JORGAR MOTORS CORPORATION

Principal Place of Business

Mailing Address

2300 NW 27TH AVENUE
MIAMI FL FL 33142

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MIAMI FL FL 33142

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/19/1967

3a. Date of Last Report

06/03/1994

4. FEI Number

59-1155742

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Certificate of Status Desired

☐ \$5.00 May Be
Added to Fees

7. This corporation has liability by enterprise for purposes of 1993-1994

Florida Statutes

☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 2244 NW 86 av.

26 Same

22 State, Apt. #, etc.

27 State, Apt. #, etc.

23 City & State

28 City & State

23 Miami FL

28 Miami FL

24 33142

25 Dade

29

30

9. Name and Address of Current Registered Agent

GARCIA, CELESTINO N.
8912 S.W. 142 AVE
APT NO. 408
MIAMI FL 33175

10. Name and Address of New Registered Agent

81 Name
82 GARCIA Celestino N.
83 8912 S.W. 142 Ave.
84 City
85 Miami FL 33175

11. Pursuant to the provisions of Sections 607.0602 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 607.0605, Florida Statutes.

SIGNATURE

Signature must be printed name of registered agent and the Florida State

Signature must be printed name of registered agent and the Florida State

Signature

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	QUEVEDO, NANCY
STREET ADDRESS	8331 SW 33 TERRACE
CITY, STATE, ZIP	MIAMI FL 33155
TITLE	VP
NAME	GARCIA, CELESTINO N
STREET ADDRESS	13219 SW 27 TERRACE
CITY, STATE, ZIP	MIAMI FL 33175
TITLE	S
NAME	GARCIA, ISMA
STREET ADDRESS	13219 SW 27 TERRACE
CITY, STATE, ZIP	MIAMI FL 33175
TITLE	
NAME	
STREET ADDRESS	
CITY, STATE, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, STATE, ZIP	

TITLE	P	Change	Add on
NAME	Quevedo Nancy		
STREET ADDRESS	8993 SW 27 Ter		
CITY, STATE, ZIP	Miami FL 33174		
TITLE		Change	Add on
NAME			
STREET ADDRESS			
CITY, STATE, ZIP			
TITLE		Change	Add on
NAME			
STREET ADDRESS			
CITY, STATE, ZIP			
TITLE		Change	Add on
NAME			
STREET ADDRESS			
CITY, STATE, ZIP			

14. I, the undersigned, certify that the information submitted with this form is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(2)(b), Florida Statutes, that the information is not required for the annual report or biennial report of the corporation and that my signature shall have the same legal effect as if I were the duly authorized officer or director of the corporation or the receiver or trustee (as designated) to execute this report as required by Chapter 167, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report or in an attachment with an address.

SIGNATURE:

Nancy Quevedo
NANCY QUEVEDO

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

06-26-93

305-633-4230

CR2E034 (3/95)