1999

1. Corporation Name



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

Apr 12, 1999 8:00 am Secretary of State

04-12-1999 90013 004 ***150.00

IOYUIA	MOTOR CENTER INC						81411	
Principal Place	of Business	Mailing Address				4 INDIES IZIGI AITII ISOBE LIIRI INDII ANII AITII	Elbit Alais Albit Al	011 2 1231 1001
150 N.W. 79TH MIAMI FL 33126		150 N.W. 79TH AVEN Miami FL 33126	150 N.W. 79TH AVENUE Miami Fl 33126			DO NOT WRITE IN THI	S SPACE	
						3. Date Incorporated or Qualifed		
						12/31/1969		
2 Principal D	ace of Business	2a. Mailing Address	ailing Address			12/31/1909 4. FEI Number	Apr	lied For
¬ `	ace of Dusiness	—	26			59-1283756	Not	Applicable
21 Suite - Apt -:	#setc		Suite, Apt. #, etc.			<u> </u>	\$8.75 A	dditional
22			27			==5Certifcate_of_Status_Desired □	Fee Rec	uired———
City & State	e	City & State				6. Election Campaign Financing	\$5.00 #	May Be
23		28	28			Trust Fund Contribution Added to Fees		
Zip	Country	Zip	<u> </u>			8. This corporation owes the current year Intangible		
24	25	29	30	_		Personal Property Tax.		□No
	9. Name and Address of Cu	rrent Registered Agent		04	Alexan	10. Name and Address of New Registered	I Agent	
1/41	11 111DO 1			81	Name			
	N, MARC A.			82	Street Add	ress (P.O. Box Number is Not Acceptable)		
	NW 7 AVE.							
MIAN	/II FL 33150			83				
				84	City	F	85 Zip C	ode
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 or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE								
40		S AND DIRECTORS	(NOTE: Registere		it signatore require	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	RS IN 12
12.	PSD	DELE		TRE			☐ Change	☐ Addition
NAME	KAHN, MARC A.	_	1.21	IAME				+
STREET ADDRESS	8301 NW 7 AVE.		1.3 \$	TREET	TADDRESS			
CITY-ST-ZIP	MIAMI FL		1.4 (ITY-S	T-ZIP			,
TITLE	11/1/4/10 1 6	☐ DELE	TE 2.1 1	TTLÉ			☐ Change	☐ Addition
NAME			2.2 1	IAME				
STREET ADDRESS			2.3 \$	TREET	TADDRESS			
crv.st.zr		7.40		CITY-S	iT-ZIP			
TITLE		☐ DELETE 3.1		TILE			☐ Change	Addition
NAME		32		IAME				
STREET ADDRESS	,		3.3 8	STREET	T ADDRESS			}
CITY ST-ZIP				CITY-S	ST-ZIP			PT Addition
TITLE				4.1 TITLE			Change	☐ Addition
NAME				NAME				Ĭ
STREET ADDRESS	,				TADORESS			
CITY-ST-ZIP	·			CITY-S	T-ZIP		Change	Addition
TMLE		☐ DELI		MTLE NAME				
NAME					T ADDRESS			
STREET ADDRESS				CITY-S				
CITY-ST-ZIP		☐ DELE		TITLE	1-217	L. W. C.	Change	Addition
TITLE			-''-	VAME				_
NAME					T ADDRESS			
STREET ADDRESS				CITY-S				
CITY-ST-ZIP	I	•	3.7					

CITY-ST-ZIP 14. I hereby 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 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, with all other like empowered. marc A. wahn

SIGNATURE: