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**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # 384925

1. Corporation Name

VILLA MOTORS CORPORATION

Principal Place	e of Business	Mailing Address			ļ					
% ISRAEL SAID	ENSTAT	% ISRAEL SAIDENSTAT								
3530 N 31 TERRACE		3530 N 31 TERRACE			DO NOT WRITE IN THIS	SPACE				
HOLLYWOOD F	L 33U21	HOLLIWOOD FE SSO21	HOLLYWOOD FL 33021			3. Date Incorporated or Qualifed				
! 		_				06/30/1971				
2. Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number	L		ied For	
21		26				59-1444764			Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired			Iditional	
22		27						e Req		
City & State	9	City & State				6. Election Campaign Financing		.00 м		
23		Zip Country				Trust Fund Contribution		ded to	Fees	
Zip	Country	Zip	- ´	'		8. This corporation owes the current year Inte	angibre ∐Yes	г	]No	
24	25 25 Common of	29 30	<u> </u>			Personal Property Tax.  10. Name and Address of New Registered			1110	
	9. Name and Address of Curre	nt Registered Agent	81	Nan		10. Haile alla Adalass of Hew Hogistered	1gont			
SAID	ENSTAT, ISRAEL									
3530 N 31 TERRACE			82	Stre	et Address	s (P.O. Box Number is Not Acceptable)				
HOLLYWOOD FL 33021				<del> </del>						
			84	City		FL	85	Zip Co	ode	
44 Purcuant	to the provisions of Sections 607.05	02 and 607 1508 Florida Statutes	the abov	e-nami	ed coroora	ation submits this statement for the ourpose of	 changin	a its re	egistered	
l office or n	egistered agent or both in the State	e of Florida. Such change was auเก	iorizea dy	tne co	rporation's	s board of directors. I hereby accept the appoin	ıtment a	is regi	stered	
agent. I a	m familiar with, and accept the oblig	ations of, Section 607.0505, Fiorida	a Statutes	٠.						
SIGNATURE	Signature, typed or printed name of registered ag	ent and title if applicable. (NOTE: Rr	gistered Age	nt signatu	re required wh	hen reinstating) DATE				
12.		ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AN	D DIRE	CTOR	S IN 12	
TITLE	PD	[] DELETE	1.1 TITLE				Cha	inge	☐ Addition	
NAME	SAIDENSTAT, ISRAEL		1.2 NAME						ļ	
STREET ADDRESS	3530 N 31 TERRACE		1.3 STREE	T ADDRE	ss					
CITY-ST-ZIP	HOLLYWOOD FL	_	1.4 CITY-S	T-ZIP						
TITLE		☐ DELETE	2.1 TITLE				Cha	nge	☐ Addition	
NAME			2.2 NAME							
STREET ADDRESS			2.3 STREE	TADDRE	ss					
CITY-ST-ZIP			2. 4 CITY-S	ST-ZIP			<i>:</i> .			
TITLE		☐ OEŁETE	3.1 TITLE			•	☐ Cha	inge	Addition	
NAME			3.2 NAME							
STREET ADDRESS			3.3 STREE	TADDRE	ss					
CITY-ST-ZIP			3.4. CITY-	ST-ZIP						
TITLE		☐ DELETE	41 TITLE				☐ Cha	inge	☐ Addition	
NAME			4.2 NAME			·			i	
STREET ADDRESS			4.3 STREE	TADDRE	ss				ļ	
CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·		4.4 CITY-S	T-ZIP		<del></del> -			C Addis-	
TITLE		☐ DELETE	5.1 TITLE				☐ Cha	inge	Addition	
NAME			5.2 NAME	T 4000-						
STREET ADDRESS			5.3 STREE		SS					
CITY-ST-ZIP			5.4 CITY-S 6.1 TITLE	i-ZiP	_				- Additio-	
TITLE		☐ DELETE					☐ Cha	inge	☐ Addition	
NAME			6.2 NAME		1					

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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP