

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION ANNUAL REPORT 1995

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



DOCUMENT # **643184** (5)  
1. Corporation Name  
**RICHARD HAUSER MOTOR CORP.**

Principal Place of Business Mailing Address  
**23737 SOUTH DIXIE HWY MIAMI FL 33032** **23737 SOUTH DIXIE HWY MIAMI FL 33032**

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip 28 Zip  
24 County 25 County 29 County 30 County

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
95 JUL 17 AM 9:35

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **10/29/1979** 3a. Date of Last Report **07/29/1994**  
4. FEI Number **59-2050800** Applied For  Not Applicable   
5. Certificate of Status Desired  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent  
**HAUSER, RICHARD**  
**23737 SOUTH DIXIE HIGHWAY**  
**MIAMI FL 33189**

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City **FL** 85 Zip Code

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature (typed or printed name of registered agent and title if applicable) (Typed) Agent signature (typed when registering)

12. OFFICERS AND DIRECTORS

TITLE	<b>PD</b>
NAME	<b>HAUSER, RICHARD</b>
STREET ADDRESS	<b>23737 S. DIXIE HWY.</b>
CITY - ST - ZIP	<b>MIAMI FL</b>
TITLE	<del><b>STD</b></del>
NAME	<del><b>HAUSER, WILLIAM</b></del>
STREET ADDRESS	<del><b>23737 S. DIXIE HWY.</b></del>
CITY - ST - ZIP	<del><b>MIAMI FL</b></del>
TITLE	<del><b>V</b></del>
NAME	<del><b>HAUSER, BEVERLY</b></del>
STREET ADDRESS	<del><b>23737 S. DIXIE HWY.</b></del>
CITY - ST - ZIP	<del><b>MIAMI FL</b></del>
TITLE	<del><b>AV</b></del>
NAME	<del><b>HAUSER, BRYAN</b></del>
STREET ADDRESS	<del><b>23737 S DIXIE HWY</b></del>
CITY - ST - ZIP	<del><b>MIAMI FL</b></del>
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME	<b>D</b>
23 STREET ADDRESS	<b>Hauser, Patricia</b>
24 CITY - ST - ZIP	<b>23737 S Dixie Hwy</b>
	<b>Miami FL.</b>
31 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	<b>VD</b>
43 STREET ADDRESS	<b>HAUSER, BRYAN</b>
44 CITY - ST - ZIP	<b>23737 S Dixie Hwy</b>
	<b>MIAMI FL 33032</b>
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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.

SIGNATURE: *Bryan Hauser* **Bryan Hauser** 7-12-95 305 258 1311  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (Typed Name #)