

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

CORPORATION
ANNUAL REPORT

1995



FLORIDA DEPARTMENT OF STATE

Secretary of State

Division of Corporations

DOCUMENT # F55207

(7)

MONAC MOTORS, INC.

APPROVED
FILED

04/20/95

04/20/95

Principal Office Address

% HUGO HECTOR BRUNO
9801 COLLINS AVE. APT. 10-X
BAL HARBOR FL 33154

Mailing Address

% HUGO HECTOR BRUNO
9801 COLLINS AVE. APT. 10-X
BAL HARBOR FL 33154

Do Not Write In This Space

3. Date Incorporated or Created

10/30/1981

3a. Date of Last Report

04/19/1994

4. FEE Number

NOT APPLICABLE

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

7. Does corporation have liability for filing fees under 1994 Florida Statutes?

☒ Yes

☐ No

2. Principal Office Address

21

2a. Mailing Address

26

State, Apt. # etc.

22

State, Apt. # etc.

27

City & State

23

City & State

28

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SIBERIO, FRANK
12651 S. DIXIE HWY., #333
MIAMI, FLORIDA
33156

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 601.01 and 601.100A, Florida Statutes, this 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 responsibilities of Sections 601.01 and 601.100A, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

13. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS

NAME	STREET ADDRESS	CITY	STATE	ZIP
PD BRUNO, HUGO HECTOR	9801 COLLINS AVE	BAL HARBOR FL		
NAME	STREET ADDRESS	CITY	STATE	ZIP
NAME	STREET ADDRESS	CITY	STATE	ZIP
NAME	STREET ADDRESS	CITY	STATE	ZIP
NAME	STREET ADDRESS	CITY	STATE	ZIP
NAME	STREET ADDRESS	CITY	STATE	ZIP
NAME	STREET ADDRESS	CITY	STATE	ZIP
NAME	STREET ADDRESS	CITY	STATE	ZIP
NAME	STREET ADDRESS	CITY	STATE	ZIP
NAME	STREET ADDRESS	CITY	STATE	ZIP

NAME	STREET ADDRESS	CITY	STATE	ZIP	Change	Addition
NAME	STREET ADDRESS	CITY	STATE	ZIP	☐	☐
NAME	STREET ADDRESS	CITY	STATE	ZIP	☐	☐
NAME	STREET ADDRESS	CITY	STATE	ZIP	☐	☐
NAME	STREET ADDRESS	CITY	STATE	ZIP	☐	☐
NAME	STREET ADDRESS	CITY	STATE	ZIP	☐	☐
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NAME	STREET ADDRESS	CITY	STATE	ZIP	☐	☐
NAME	STREET ADDRESS	CITY	STATE	ZIP	☐	☐
NAME	STREET ADDRESS	CITY	STATE	ZIP	☐	☐

14. I hereby certify that the information supplied with this report is accurate, complete and does not qualify for this exemption stated in Section 601.01, Florida Statutes. I further certify that the information is stated on this annual report or supplemental annual report or both and is true and accurate and that my signature shall have the same legal effect as if my name be validly that any officer or director of this corporation or the officers or directors named herein would be liable for this report as required by Chapter 601, Florida Statutes, and that my signature appears on this report or this supplemental report or both and is true and accurate.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/20/95