

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # F98000001600

1. Corporation Name

MERCEDES-BENZ LATINA, INC.

Principal Place of Business

SUITE 3001, 375 PARK AVENUE  
NEW YORK NY 10152

Mailing Address

SUITE 3001, 375 PARK AVENUE  
NEW YORK NY 10152

2. Principal Place of Business

21 1221 Brickell Ave

Suite, Apt. #, etc.

22 Suite 1140

City & State

23 Miami, FL

Zip

24 33131

Country

25 Dade

2a. Mailing Address

26 1221 Brickell Ave

Suite, Apt. #, etc.

27 Suite 1140

City & State

28 Miami, FL

Zip

29 33131

Country

30

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

3. Date Incorporated or Qualified

03/20/1998

4. FEI Number

APPLIED FOR 13-3986643

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year intangible

Personal Property Tax

☐ Yes

☒ No

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME LUEHRS, MATTHIAS

STREET ADDRESS 375 PARK AVENUE

CITY-ST-ZIP NEW YORK NY

TITLE V ☒ DELETE

NAME KARCHER, ROBERT

STREET ADDRESS 375 PARK AVENUE

CITY-ST-ZIP NEW YORK NY

TITLE VT ☒ DELETE

NAME TRIASON, HARVEY

STREET ADDRESS 375 PARK AVENUE

CITY-ST-ZIP NEW YORK NY

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change

☐ Addition

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

☐ Change

☒ Addition

☐ Change

☐ Addition

☐ Change

☐ Addition

☐ Change

☐ Addition

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/99

Date

305-755-6662

Daytime Phone #

0005684

CR2E034 (11/98)

FILED

99 JUN -2 AM 9:05

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



HN

DO NOT WRITE IN THIS SPACE