PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #: G41771

GERMAN CAR WIZARDS, INC.

FILED Mar 23, 1999 8:00 am Secretary of State

03-23-1999 90033 049 ***150.00

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|---|---|----------------------------------|
| 5864 COMMERCE LANE 5864 COMMERCE LANE SOUTH MIAMI FL 33143 SOUTH MIAMI FL 33143 | | |
| DO NOT WRITE IN | N THIS SPACE | |
| 3. Date Incorporated or Qualifed | | |
| 05/31/1983 2. Principal Place of Business 2a. Mailing Address 4. FEI Number | I And | plied For |
| FO 04707C0 | <u> </u> | t Applicable |
| Suite Apt # etc Suite Apt # etc | \$8.75 A | |
| 5. Certificate of Status Desired | Fee Re | |
| City & State 6. Election Campaign Financing | \$5.00 | May Be |
| 23 Trust Fund Contribution | Added to | |
| Zip Country Zip Country 8. This corporation owes the current y | | \-/ |
| 24 25 29 30 Personal Property Tax. | Yes | No |
| 9. Name and Address of Current Registered Agent 10. Name and Address of New Register | stered Agent | - |
| DESABLO CEORGE I | | |
| SUITE 430, 2121 PONCE DE LEON BLVD 82 Street Address (P.O. Box Number is Not Acceptable) |) | |
| CORAL GABLES, FL . FL 33134 | | |
| OO 1812 OF 18 OF 1 | | · |
| 84 City | FL 85 Zip C | Code |
| 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpoffice 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 agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE | e appointment as ret | gistered |
| | DATE | |
| Signature, typed or pranted name or registered agent and use it applicable. | DATE ERS AND DIRECTO | RS IN 12 |
| 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICE | | RS IN 12 |
| 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICE TITLE DPS DELETE 1.1 TITLE | ERS AND DIRECTO | |
| 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICE TITLE DPS DELETE 1.1 TITLE NAME NEUFELD, ENRIQUE 1.2 NAME | ERS AND DIRECTO | |
| 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICE TITLE DPS DELETE 1.1 TITLE NAME NEUFELD, ENRIQUE STREET ADDRESS 5864 COMMERCE LANE 1.3 STREET ADDRESS | ERS AND DIRECTO | |
| 12. OFFICERS AND DIRECTORS TITLE NAME STREET ADDRESS SIGNATURE, typed of printed name or registered against and state if applications. 13. ADDITIONS/CHANGES TO OFFICE 1.1 TITLE 1.2 NAME 1.2 NAME 1.3 STREET ADDRESS 1.3 STREET ADDRESS | ERS AND DIRECTO | |
| 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICE TITLE DPS NEUFELD, ENRIQUE STREET ADDRESS CITY-ST-ZIP MAMI, FL 00000 13. ADDITIONS/CHANGES TO OFFICE 1.1 TITLE 1.2 NAME 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP | ERS AND DIRECTO ☐ Change | ☐ Addition |
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| 12. OFFICERS AND DIRECTORS TITLE NAME NEUFELD, ENRIQUE STREET ADDRESS CITY-ST-ZIP NEUFELD, ENRIQUE TITLE T NEUFELD, ENRIQUE 1.2 NAME 1.2 NAME 1.3 STREET ADDRESS CITY-ST-ZIP TITLE T NEUFELD, ENRIQUE 2.1 TITLE NAME STREET ADDRESS SMIAMI, FL 00000 DELETE 2.1 TITLE NEUFELD, ENRIQUE STREET ADDRESS SMIAMI FL 2.2 NAME 2.3 STREET ADDRESS CITY-ST-ZIP SMIAMI FL 2.4 CITY-ST-ZIP | ERS AND DIRECTO Change Change | ☐ Addition |
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| 12. OFFICERS AND DIRECTORS TITLE DPS NEUFELD, ENRIQUE STREET ADDRESS CITY-ST-ZIP TITLE NAME NEUFELD, ENRIQUE STREET ADDRESS CITY-ST-ZIP TITLE NAME NEUFELD, ENRIQUE STREET ADDRESS CITY-ST-ZIP TITLE NAME NEUFELD, ENRIQUE STREET ADDRESS SMIAMI, FL 00000 14 CITY-ST-ZIP Z2 NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SMIAMI FL DELETE 2.4 CITY-ST-ZIP TITLE NAME STREET ADDRESS SMIAMI FL DELETE 3.1 TITLE NAME STREET ADDRESS 3.3 STREET ADDRESS 3.3 STREET ADDRESS 3.3 STREET ADDRESS | ERS AND DIRECTO Change Change | ☐ Addition |
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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.

ENLIQUE NOMPERO

SIGNATURE:

3-19-99 (305)667-072