

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

FILED
Mar 02, 1999 8:00 am
Secretary of State

03-02-1999 90068 030 ***150.00

DOCUMENT # G62704

1. Corporation Name

AUTOBAHN MOTOR SERVICE, INC.

Principal Place of Business

EUROPEAN CONNECTION
7650 SW 78 CT
MIAMI FL 33133
US

Mailing Address

3850 S. DIXIE HWY
7650 SW 78 CT
MIAMI FL 33133
US

2. Principal Place of Business

21 European Connection

Suite, Apt. #, etc.

22 3850 S. Dixie Hwy

City & State

23 Miami, FL

Zip

24 33133

Country

25 USA

2a. Mailing Address

26 European Connection

Suite, Apt. #, etc.

27 3850 S. Dixie Hwy

City & State

28 Miami, FL

Zip

29 33133

Country

30 USA

9. Name and Address of Current Registered Agent

SICLE, OSCAR C.
7650 S.W. 78TH COURT
MIAMI FL 33143

3. Date Incorporated or Qualified

09/20/1983

4. FEI Number

59-2322865

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 owes the current year Intangible

Personal Property Tax.

Yes

No

10. Name and Address of New Registered Agent

81 Name

Sicle, OSCAR C.

82 Street Address (P.O. Box Number is Not Acceptable)

3850 S. Dixie Hwy

83

84 City

Miami

FL

85 Zip Code

33133

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 D ☐ DELETE

NAME SICLE, OSCAR C.

STREET ADDRESS 7650 SW 78 CT.

CITY-ST-ZIP MIAMI FL

TITLE VP ☒ DELETE

NAME SICLE, MIRIAM

STREET ADDRESS 7650 SW 78TH CT.

CITY-ST-ZIP MIAMI, FL 00000

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

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

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME Sicle, OSCAR C.

1.3 STREET ADDRESS 3850 S. Dixie Hwy

1.4 CITY-ST-ZIP Miami, FL 33133

2.1 TITLE VP ☐ Change ☒ Addition

2.2 NAME Sicle, JENNIE

2.3 STREET ADDRESS 3850 S. Dixie Hwy.

2.4 CITY-ST-ZIP Miami, FL 33133

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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

Date

Daytime Phone #

1-20-99 305-448-2989

CR2E034 (11/98)

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