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 # G64374 1. Corporation Name

FOSSAS CARBURETOR, INC.

Principal Place of Business
C/O SILVIO FOSSAS
2546 S.W. 15 AVE.
ET LAUDERDALE EL 33315

				1			
Principal Plac	e of Business	Mailing Address		ļ			
C/O SILVIO FO		C/O SILVIO FOSSAS		į,		}	
2546 S.W. 15 AVE. 2546 S.W. 15 AVE. FT LAUDERDALE FL 33315 FT LAUDERDALE FL 33315						DO NOT WRITE IN THIS SPACE	<u> </u>
רז באטטבחטאו	E FL 33313	TT ENOUGHDALE TE WOT	J	i) H		3. Date Incorporated or Qualifed	
				4		10/11/1983	
2. Principal P	lace of Business	"2a. Mailing Address.				4. FEI Number	Applied For-
21		26				59-2337474	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				I E Codificate of Statue Desired I I	75 Additional
22		27		<u> </u>		5. Certificate of Status Desired Fe	e Required
City & Stat	e	City & State		;		1	.00 May Be
23		28		·		Trust Fund Contribution Ad	ded to Fees
Zip	Country	Zip		⊔n≀try		8. This corporation owes the current year Intangible	□No
24	25	29	30	t.		Personal Property Tax.	L NO
	9. Name and Address of Current	t Kegistered Agent		81	Name	10. Name and Address of New Registered Agent	
FOS	SAS, SILVIO			ĹL			
	STATE RD 84			82	Street Addre	ss (P.O. Box Number is Not Acceptable)	
	AUDERDALE FL 33315			83			
				5			
				84	City	FL 85	Zip Code
·44 Durguent	to the provisions of Sections 607.0502	2 and:607±1508=Florida:Statu	tes, the a	spove-t	named corpo	mtion submits this statement for the numose of changing	g:its:registered
office or r	egistered agent, or both, in the State of m familiar with, and accept the obligat	of Florida. Such change was a	authorized	d by th	e corporation	n's board of directors. I hereby accept the appointment	as registered
	an laminal with, and accept the obligat	10/13 01, 00011011 007.0000, 1 10	orida otta			,	
SIGNATURE	Signature, typed or printed name of registered agent	t and title if applicable. (NOTE	E: Registered	d Agent s	ignature required		
12.	OFFICERS AN		13.			ADDITIONS/CHANGES TO OFFICERS AND DIRE	
TITLE	PD	☐ DELETE	1.1 TI	ITLE		☐ Cha	
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14. I hereby certify that the information subplied 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 eport 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 distance 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; of or an attachment with an address; with all other like empowered.

SIGNATURE:)

Silviò Fossas

President 01/22/99

(954)764-896