Apr 01, 1999 8:00 am Secretary of State

04-01-1999 90001 043 \*\*\*150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # H24409

1. Corporation Name

PRO ELECTRIC VEHICLES, INC.

	· · · · · · · · · · · · · · · · · · ·	,				***	_					
Principal Place	e of Business	Mailing Address										
2322 SW 58TH TERR			2322 SW 58TH TERR									
HOLLYWOOD F	L 33023	HOLLYWOOD FL 33023						DO NOT WRITE IN THIS SPACE				
				•			3.	Date Incorporated or Qualifed				
								10/05/1984				
2. Principal P	lace of Business	2a. Mailing A	ddress				4.	FEI Number			Appl	ied For
21		26						<u>59-2654778</u>				Applicable
Suite, Apt.	#, etc.	Suite, Apt	t. #, etc.				5.	Certificate of Status Desired			<b>75</b> Ac e Req	lditional uired
City & Stat	Δ	City & Sta	ate					Election Campaign Financing		\$5	00 %	lav Be
23	, ,	28					٥.	Trust Fund Contribution			ded to	,
Zip	Country	Zip		Countr	ry		8.	This corporation owes the curr	ent year Int	angible		
24	25	29	30	)			1	Personal Property Tax.		Yes		□No
	9. Name and Address of Curre	nt Registered Age	nt	<u> </u>			10.	Name and Address of New F	Registered	Agent		
		*,		8	1	Name						
	ARRO, ALBERT	-		8:	2	Street Addre	ess (P	O. Box Number is Not Accepta	able)			
	2 SW 58TH TERRACE					Chooryaga	٠, ٥٥٥		,			
HOL	LYWOOD FL 33023			8:	3							
				84	4	City			·	85	Zip Co	nde
									FL	.	•	
l office or r	to the provisions of Sections 607.050 registered agent, or both, in the State im familiar with, and accept the obligi	i ot Fiorida. Such cr	iande was autr	ionzeu b	v u	named corpo he corporation	oration n's bo	n submits this statement for the pard of directors. I hereby acce	purpose of pt the appoi	changir ntment	ng its regi	egistered stered
SIGNATURE	Signature, typed or printed name of registered age	and title if applicable	(NOTE: Pa	oletered An	iont	signature required	when re	einstating)	DATE			
12.		ND DIRECTORS	(14012. 76	13.	Jenu	signature required		ADDITIONS/CHANGES TO OF		ID DIRE	CTOR	S IN 12
TITLE	P		DELETE	1.1 TITLE						Ch		Addition
NAME	NAVARRO, ALBERT		_	1.2 NAME	Ξ	Ì						
STREET ADDRESS	16701 AMBER LAKE			4		ADDRESS						
CITY-ST-ZIP	FT LAUDERDALE FL 33331			1,4 CITY-								
TITLE	V		DELETE	2.1 TITLE						Ch	ange	☐ Addition
NAME	NAVARRO, GERTRUDIS			2.2 NAME	Ε							
STREET ADDRESS	AOTOA AMPED LAKE			2.3 STRE	ET/	ADDRESS		•				
CITY-ST-ZIP	FT LAUDERDALE FL 33331			2. 4 CITY	-ST	· ZIP						
TITLE		Ĺ	DELETE	3.1 TITLE	:			,		Ch	ange	☐ Addition
NAME				3.2 NAME	E							
STREET ADDRESS	<b>,</b>			3.3 STRE	ET/	ADDRESS						
CITY-ST-ZIP				3.4. CITY-	-ST	-ZIP						
TITLE			] DELETE	4.1 TITLE						Ch.	ange	☐ Addition
NAME	1			4. 2 NAM	Ε							
STREET ADDRESS				4.3 STRE	ET/	ADDRESS						

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 of 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 attackment with an address, with all other like empowered.

4.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME 5.3 STREET ADDRESS

6.1 TITLE

6.2 NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

TITLE

NAME

TRE AND GOPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DELETE

☐ DELETE

3/21/99

954 983 600

Daytime Phone #

☐ Change

Change

.CR2E034 (11/98)

CR2F034 (

Addition

☐ Addition