

FILED
Jun 20, 2001 8:00 am
Secretary of State

05-23-2001 90200 046 ***150.00

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H44026
 Entity Name
 MOTORING ACCESSORIES, INC.

(Handwritten initials in a circle)

Principal Place of Business: 1425 NW 82nd Avenue, Miami, FL 33126-1507
 Mailing Address: 1425 NW 82nd Avenue, Miami, FL 33126-1507

75000

2. Principal Place of Business: Mr. Antonio Garcia, 7830 S.W. 120 Street
 3. Mailing Address: Mr. Antonio Garcia, 7830 S.W. 120 Street

DO NOT WRITE IN THIS SPACE

City & State: Pinecrest, FL
 City & State: Pinecrest, FL
 Zip: 33156, Country: U.S.A.

4. FEI Number: 59-2523091
 Applied For: Not Applicable
 5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent: ZERO-34 REGISTRATION CORP., 201 ALHAMBRA CIR, STE 711, CORAL GABLES, FL 33134
 7. Name and Address of New Registered Agent: Antonio Garcia, 7830 S.W. 120 Street, Pinecrest, FL 33156

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.
 SIGNATURE: Antonio Garcia
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)
 DATE: 6-14-01

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
 FILE NOW!!! FEE IS \$150.00 - After MAY 1, 2001 Fee will be \$550.00 - Make Check Payable to Department of State
 10. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: PDS NAME: GARCIA, ANTONIO J. STREET ADDRESS: 1425 NW 82nd AVENUE CITY-ST-ZIP: MIAMI, FL	<input checked="" type="checkbox"/> Delete	TITLE: PDS NAME: GARCIA, ANTONIO J. STREET ADDRESS: 7830 S.W. 120 Street CITY-ST-ZIP: Pinecrest, FL 33156	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: AS NAME: POHLIC, FRANCIS M. STREET ADDRESS: 2199 PONCE DE LEON BLVD. CITY-ST-ZIP: CORAL GABLES, FL	<input checked="" type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition

CR2E034 (11/00)

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: [Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 Date: Apr 24 01
 Daytime Phone #: 305-773-4802