FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

Mailing Address

16600 NW 57 AVE

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # K21515

Principal Place of Business 16600 NW 57 AVE ..

NORTH DADE AUTO BODY, INC.

MIAMI FL 33014	•	MIAMI FL 33014			TO MOTIVIPITE IN T	1000000	
	•				DO NOT WRITE IN T	HIS SPACE	
	•				3. Date Incorporated or Qualifed 04/21/1988		ì
							=
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number	<u> </u>	plied For
21		26	.—		65-0049073		t Applicable
Suite, Apt.	#, etc	Suite, Apt. #, etc.			5. Certifcate of Status Desired	\$8.75 A Fee Re	
City & State		City & State			6. Election Campaign Financing	\$5.00	May Be
23	28		··—		Trust Fund Contribution	Added t	
Zip	Country	Zip	Country	Y	8. This corporation owes the current year	<u>-</u>	_
24	25 29 30		<u> </u>	<u> </u>	Personal Property Tax.	Yes	□No
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Registe	red Agent	
VIIIC	NO DAMP A		81	Name			
YUSKO, DAVID A. 16600 N.W: 57TH AV.			82	Street Add	ress (P.O. Box Number is Not Acceptable)		
MIAMI FL 33014			83	}			
WHAT	, ,		83				
			84	City	· •	FL 85 Zip (Code
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes,	the abov	e-named corr	poration submits this statement for the purpos ion's board of directors. I hereby accept the a	e of changing its	registered
agent. I a	m familiar with, and accept the obligation	ons of, Section 607.0505, Florida	a Statutes	s.	ion a board of directors. Thereby decept are a	SPORTERIOR 20 70	9.010.01
SIGNATURE							ĺ
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: Re	gistered Age	nt signature require	ed when reinstaling) DAT	a	
12.	OFFICERS AND	DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS	S AND DIRECTO	RS IN 12
TITLE	P	☐ DELETE	1.1 TITLE			Change	Addition
NAME	HYMAN, ROBERT	i	1.2 NAME	}			1
STREET ADDRESS	16600 NW 57 AVENUE		1.3 STREE	T ADDRESS			
CITY-ST-ZIP	MIAMI FL 33014		1.4 CITY-S	ST-ZIP			
TITLE	\$ · □ DELETE 2.1 TIT		2.1 TITLE			Change	☐ Addition
NAME	HYMAN, ROBERT		2.2 NAME	ĺ			ĺ
STREET ADDRESS			2.3 STREE	T ADDRESS			
CITY-ST-ZIP	MIAMI FL 33014 2.4		2, 4 CITY-	ST-ZIP			
TITLE	AS DELETE 31177		3.1 TITLE			☐ Change	Addition
NAME	YUSKO, DAVID A.		3.2 NAME				
STREET ADDRESS	1660 NW 57 AVENUE		3.3 STREE	TADDRESS			}
CITY-ST-ZIP	MIAMI FL		3.4. CITY-	ST-ZIP_			
TITLE		☐ DELETE	4.1 TITLE			☐ Change	☐ Addition
NAME		•	4, 2 NAME				
STREET ADDRESS			4.3 STREE	TADDRESS			
CITY-ST-ZIP			4.4 CITY-5	ST-ZIP			
TITLE		☐ DELETE	5.1 TITLE			☐ Change	Addition
NAME			5.2 NAME				
STREET ADDRESS	••		5.3 STREE	T ADDRESS			
CITY-ST-ZIP		ı	5.4 CITY-S	ST-20P			
TITLE		☐ DELETE	6.1 TITLE			☐ Change	☐ Addition
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREE	T ADDRESS	•		
U INCL I FUDINESS		ı					

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:

FILED

May 04, 1999 8:00 am Secretary of State

05-04-1999 90131 013 ***150.00