# FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAY -1 PM 0:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **K26896** **(6)**

1. Corporation Name
**DEEL CAR CORP.**

DO NOT WRITE IN THIS SPACE.

| Principal Place of Business | Mailing Address |
|---|---|
| ~~3650 BIRD ROAD~~ | ~~[illegible]~~ |
| ~~MIAMI FL 33155~~ | ~~200 S.E. FIRST STREET~~ |
| | ~~MIAMI FL 33131~~ |

3. Date Incorporated or Qualified: **06/23/1988**
3a. Date of Last Report: **02/18/1994**

| 2. Principal Place of Business | 2a. Mailing Address |
|---|---|
| 21 4811 LEJEUNE RD. | 26 4811 LEJEUNE RD |
| Suite, Apt. #, etc. 22 | Suite, Apt. #, etc. 27 |
| City & State 23 CORAL GABLES, FL. | City & State 28 CORAL GABLES, FL. |
| Zip 24 33146 Country 25 DADE | Zip 29 33146 Country 30 DADE |

4. FEI Number: **65-0062271** ☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

| 9. Name and Address of Current Registered Agent | 10. Name and Address of New Registered Agent |
|---|---|
| ~~PENINSULA REGISTERED AGENTS, INC.~~<br>~~PENTHOUSE, INTERCONTINENTAL BANK BLDG.~~<br>~~200 S.E. FIRST STREET~~<br>~~MIAMI FL 33131~~ | 81 Name: HAROLD P. KRAVITZ, ESQ.<br>82 Street Address (P.O. Box Number is Not Acceptable): 7600 W. 20th Ave. #223<br>83: Hialeah, FL<br>84 City: **FL** 85 Zip Code: 33016 |

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] HAROLD KRAVITZ, ESQ. 4/20/95
Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating. DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| TITLE | PD | 11 TITLE | ☒ Change ☐ Addition<br>President |
| NAME | LAMEH, LUTFI | 12 NAME | Carlos Bellosta |
| STREET ADDRESS | 940 S FEDERAL HWY | 13 STREET ADDRESS | 4811 LEJEUNE ROAD |
| CITY-ST-ZIP | POMPANO BEACH FL | 14 CITY-ST-ZIP | CORAL GABLES, FLORIDA 33146 |
| TITLE | D | 21 TITLE | ☒ Change ☐ Addition<br>Vice-President/ Secretary |
| NAME | BELLOSTA, JOSE | 22 NAME | Jose Bellosta |
| STREET ADDRESS | 940 S FEDERAL HWY | 23 STREET ADDRESS | 4811 LEJEUNE ROAD |
| CITY-ST-ZIP | POMPANO BCH FL | 24 CITY-ST-ZIP | CORAL GABLES, FLORIDA 33146 |
| TITLE | | 31 TITLE | ☐ Change ☐ Addition |
| NAME | | 32 NAME | |
| STREET ADDRESS | | 33 STREET ADDRESS | |
| CITY-ST-ZIP | | 34 CITY-ST-ZIP | |
| TITLE | | 41 TITLE | ☐ Change ☐ Addition |
| NAME | | 42 NAME | |
| STREET ADDRESS | | 43 STREET ADDRESS | |
| CITY-ST-ZIP | | 44 CITY-ST-ZIP | |
| TITLE | | 51 TITLE | ☐ Change ☐ Addition |
| NAME | | 52 NAME | |
| STREET ADDRESS | | 53 STREET ADDRESS | |
| CITY-ST-ZIP | | 54 CITY-ST-ZIP | |
| TITLE | | 61 TITLE | ☐ Change ☐ Addition |
| NAME | | 62 NAME | |
| STREET ADDRESS | | 63 STREET ADDRESS | |
| CITY-ST-ZIP | | 64 CITY-ST-ZIP | |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 the 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.

**SIGNATURE:** [signature] JOSE BELLOSTA 4/20/95 (305) 661-6111
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Telephone Number

0131528 CP