

**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 31, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # L01000013957**

1. Entity Name  
**VISCAR MOTOR, LLC**



Principal Place of Business  
**22419 SOUTH DIXIE HWY  
MIAMI, FL 33170**

Mailing Address  
**22419 South Dixie Hwy  
Miami FL 33170**

**DO NOT WRITE IN THIS SPACE**



01212004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number  
**65-1131355**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**HERNANDEZ, MYRIAM  
22419 S DIXIE HWY  
MIAMI, FL 33170**

**DO NOT WRITE  
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2004**

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**MGR  
VISBAL, ISMAEL  
4181 WEST HALLANDALE BEACH BLVD.  
HOLLYWOOD, FL 33023**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**MGR  
ESCAFF, JEZMIN  
22419 SOUTH DIXIE HWY  
MIAMI, FL 33170**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
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TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

U000000025264  
02/02/04-80097-021 50.00

**DO NOT WRITE  
IN THIS SPACE**

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR AUTHORIZED REPRESENTATIVE

**1/27/04**

Date

**7863255427**

Daytime Phone #