FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00								FILED					
PROFIT.			FLORIDA DEPARTMENT OF STATE					_					
1	CORPORATION			Sandra B. Mortham					Jan 29 1	998	. Ω⋅	OC)am
ANN	UAL REPORT Secretary of S					of State							
	1998 DIVISION OF CORPORATIONS							1	Secret	arv	of '	St.	ate
DOCU 1. Corporati	MENT # L42988	3	(0)	•					Scoret	ar y	OI)	<i>-</i>	att
TECH	INICIANS EUROPEAN JAPAN	ESE A	AMERICAN CAR	S. IN	IC ·			İ					
•				,	•				I TRRIEDIL DIE RICHO HARA FARI	FT 18181 282 818		46 m inu a	INDIA DIBINI KUNI
Principal Pla	ce of Business	Mai	iling Address						ı raderati bil eleta ilata safi		14 BIBH BEB	AF WILWIN W	HEALT MYMYS HAMA
%CARLOS HERSCHCOVICH %CARLOS HERSCHCOVICH													
4865 NW 22ND STREET 4865 NW 22ND STREET COCONUT CREEK FL 33063-3867 COCONUT CREEK FL 33063-3867								DO NOT WRITE IN THIS SPACE					
0000MU ONCENTE 000000000						33-3007			Date Incorporated or Qual	fied			
									01/08/1990				
	Place of Business		Mailing Address					4.	FEI Number			Aŗ	plied For
Suite, Apt	# oto	26	Cuito Ant # ata					ļ	65-0163702				t Applicable
22		27	Suite, Apt. #, etc.					5.	Certificate of Status Desire	d 🗆			Additional equired
City & Sta	de .	-	City & State						Election Campaign Financi				Мау Ве
Zip	Country	28	Zip	l c	ountry			-	Trust Fund Contribution				to Fees
24	25	29		30	, cui iti y				This corporation owes or h Personal Property Tax due		current y		angible] No
	g. Name and Address of Current		ered Agent	1001					Name and Address of Ne				3 110
i	HERSCHCOVICH, CARLOS				81	Name							
	1865 NW 22ND STREET				82	Street	Addres	ss (P.	O. Box Number is Not Acc	entable)			
(COCONUT CREEK FL 33066						.,						
					83								
					84	City					85	Zip (Code
dd Disasiaad	to the area island (00 the control of 00 the		7.4500 Florida Cont.							F	'L.	ļ .	
office or	to the provisions of Sections 607,0502 a registered agent, or both, in the State of im familiar with, and accept the obligation	Florida	. Such change was a	es, the Luthoriz	above zed by	the cor	orpor poration	ration n's bo	submits this statement for pard of directors. I hereby a	the purpose accept the a	of chan	ging it: ent as	s registered registered
	im familiar with, and accept the obligation	ons of,	Section 607.0505, Flo	rida Si	tatutes	i.							Ū
SIGNATURE	Signature, typed or printed name of registered agent a	and title if	applicable. (NOTE	: Registe	ared Age	nt sionatur	e regulred	when a	eInstating)	DATE	· · · · ·		
12.	OFFICERS AND I			13					DDITIONS/CHANGES TO (CTOR	S IN 12
TITLE	D		DELETE	1.1	TITLE							hange	Addition
NAME	HERSCHCOVICH, CARLOS			1.2	NAME								
STREET ADDRESS	4865 NW 22NS ST.			1.3	STREET .	address							
CiTY - ST - ZIP	COCONUT CREEK FL			_	CITY-ST	r-ZIP							
TITLE	D		☐ DELETE		TITLE						L CI	nange	Addition
NAME	HERSCHCOVICH, SOPHIA C.			9	NAME								
STREET ADDRESS	4865 NW 22NS ST. COCONUT CREEK FL				address								
CITY-ST-ZIP TITLE	COCONGI CHEEN FL		☐ DELETE		1 CITY-S'	T- ZIP					☐ C	าวกกล	Addition
NAME					NAME							ianye	AUGMON
STREET ADDRESS						ADDRESS							
City-St-ZiP					. CITY-SI								
TITLE			DELETE		TITLE					• ***	☐ Ch	nange	Addition
NAME					NAME							-	
STREET ADDRESS	•			4.3	STREET A	ADDRESS	1						
CMY-ST-ZIP				4.4	CITY-ST	-ZIP							
TITLE			DELETE	5.1	TITLE						☐ Ch	iange	Addition

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.

SIGNATURE:

5.2 NAME

6.1 TITLE

6.2 NAME

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY - ST - ZIP

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

DELETE

☐ Change ☐ Addition