

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 1, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **L54295** (5)

1. Corporation Name

**EUROPEAN FINE CAR REPAIRS, INC.**



Principal Place of Business

Mailing Address

**C/O NICOLAE S. HOSSU  
90 WEST SPANISH RIVER BLVD.  
BOCA RATON FL 33431**

**C/O NICOLAE S. HOSSU  
90 WEST SPANISH RIVER BLVD.  
BOCA RATON FL 33431**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

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9. Name and Address of Current Registered Agent

**HOSSU, NICOLAE S.  
90 WEST SPANISH RIVER BLVD.  
BOCA RATON FL 33431**

3. Date Incorporated or Qualified  
**02/26/1990**

3a. Date of Last Report  
**04/25/1995**

4. FEI Number  
**65-0184180**

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. 190.032  
Florida Statutes ☒ Yes ☐ No

10. Name and Address of New Registered Agent

1. Name

2. Street Address (P.O. Box Number is Not Acceptable)

4. City

**FL**

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the undersigned, who is an officer 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 of Registered Agent or Officer or Director

Signature of Registered Agent or Officer or Director

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE  
NAME **DPS**  
STREET ADDRESS **HOSSU, NICOLAE S.**  
CITY-ST-ZIP **90 W. SPANISH RIVER BLVD**  
**BOCA RATON FL**

TITLE ☐ DELETE  
NAME **T**  
STREET ADDRESS **HOSSU, NICOLAE S.**  
CITY-ST-ZIP **90 W. SPANISH RIVER BLVD**  
**BOCA RATON FL**

TITLE ☐ DELETE  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
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TITLE ☐ DELETE  
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STREET ADDRESS  
CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and further certify that the information indicated on this annual report or supplemental annual report made under oath, that I am an officer or director of the corporation or the receiver or trustee, that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE: X

SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.

11. Change ☐ Addition ☐  
12. Change ☐ Addition ☐  
13. Change ☐ Addition ☐  
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6-26-96