

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

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # L79074 (5)

1. Corporation Name

ELIS MOTOR CORPORATION

Principal Place of Business

% ELIAHU BENSHMUEL
16300 NE 19TH AVE., SUITE 206
NORTH MIAMI BEACH FL 33162

Mailing Address

% ELIAHU BENSHMUEL
16300 NE 19TH AVE., SUITE 206
NORTH MIAMI BEACH FL 33162

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/05/1990

3a. Date of Last Report

12/02/1994

4. FEI Number

65-0200923

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 § 169.022,
Florida Statutes

☒ Yes

☐ No

2. Principal Place of Business

21. Suite, Apt. #, etc.

23. City & State

24. Zip

2a. Mailing Address

26. Suite, Apt. #, etc.

28. City & State

29. Zip

9. Name and Address of Current Registered Agent

BENSHMUEL, ELIAHU
16300 NE 19TH AVE., SUITE 206
NORTH MIAMI BEACH FL 33162

10. Name and Address of New Registered Agent

81. Name

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

83.

84. City

FL

85. Zip Code

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, typed or printed name of registered agent and the incorporator)

(NOTE: Registered Agent signature required when registering)

(DATE)

12. OFFICERS AND DIRECTORS

1. TITLE
D
NAME
BENSHMUEL, ELIAHU
STREET ADDRESS
16300 NE 19TH AVE., SUITE 206
CITY - ST - ZIP
NORTH MIAMI BEACH FL 33162

2. TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

3. TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

4. TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

5. TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

6. TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this report voluntarily furnished and does not qualify for the exemption stated in Section 119.07(4)(b), 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 of this report or in an attachment with an address

SIGNATURE: X Ben Eliahu Ben-Shmuel

(Signature and typed or printed name of signing officer or director)

4/24/95 305 947 9722

Date

Daytime Phone #