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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9300007554 1. Corporation Name

FILED Feb 10, 1999 8:00am **Secretary of State**

02-10-1999 90015 049 ***150.00

ELOY MO	otor, inc.								
Principal Place	of Business	Mailing Address			T COMPINER (CO (DIOD CIVE) BACK	ABSII ABILL ABILL B	(B) 1888 M)(B)	ielle Asús iams	
1479 SW 6TH S	•	1479 SW 6TH ST							
MIAMI FL 33135 MIAMI FL 33135					DO NOT WRITE IN THIS SPACE				
					3. Date Incorporated or Qualife				
					01/29/1993				
2 Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number		App	lied For	
21	ace of Eduliness	26			65-0391141		Not	Applicable	10
Suite, Apt. i	#. etc.	Suite, Apt. #, etc.		_	5. Certificate of Status Desired		\$8.75 A	dditional	·
22		27	27				Fee Red		
City & State	9	City & State		•	6. Election Campaign Financing	,	\$5.00		
23		28			Trust Fund Contribution		Added to	rees	
Zip	Country	Zip	Countr	у	8. This corporation owes the cu	irrent year inta	angible XYes	□No	
24	25	1==1	30		Personal Property Tax. 10. Name and Address of New	Registered /			
	9. Name and Address of Curre	ent Registered Agent	8	Name	TO. Hallio Bita Needless Co., 150	3			
. HERI	NANDEZ, ELOY	· ·				-1-1-1	-		
	SW 6TH ST		8:	2 Street Addr	ress (P.O. Box Number is Not Acce	ptable)		s. 2.21-44	
	MI FL 33135		8:	3	· · · · · · · · · · · · · · · · · · ·				
							85 Zip C	ode:	
4 ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			8-	4 City		FL	. []		
*	10 (007.05	502 and 607 1509 Florido Statute	as the abo	ve-named com	poration submits this statement for the	ne purpose of	changing its	registered .	
11. Pursuant	to the provisions of Sections 607.05 egistered agent, or both, in the Stat m familiar with, and accept the oblig	gations of, Section 607.0303, Flor	ide Clarent			ne purpose of cept the appoir	changing its ntment as rec	registered jistered	
11. Pursuant office or reagent. I as	m ramiliar with, and accept the oblig Signature, typed or printed name of registered as	gent and title if applicable. (NOTE:	ide Clarent	ve-named corp y the corporations.		DATE		RS IN 12	(80/
11. Pursuant office or nagent. I at SIGNATURE	Signature, typed or printed name of registered as OFFICERS A	gations of, Section 607.0303, Flor	Registered Ag	ent signature require	ad when reinstating) ADDITIONS/CHANGES TO 0	DATE			(41/98)
11. Pursuant office or reagent. I as	Signature, typed or printed name of registered at OFFICERS A	gent and title if applicable. (NOTE:	Registered Ag	ent signature require	ad when rainstating)	DATE	ID DIRECTO	RS IN 12	134 (41/98)
11. Pursuant office or nagent. I at SIGNATURE	Signature, typed or printed name of registered as OFFICERS A DP HERNANDEZ, ELOY	gent and title if applicable. (NOTE:	13. 1.1 TITLE	ent signature require	ad when reinstating) ADDITIONS/CHANGES TO 0	DATE	ID DIRECTO	RS IN 12	2E034 (41/98)
11. Pursuant office or magent. I at SIGNATURE 12. TITLE NAME	Signature, typed or printed name of registered at OFFICERS A DP HERNANDEZ, ELOY	gent and title if applicable. (NOTE: AND DIRECTORS	13. 1.1 TITLE	ent signature require	ad when reinstating) ADDITIONS/CHANGES TO 0	DATE	ID DIRECTO	RS IN 12	DOE024 (41/08)
11. Pursuant office or n agent. I as SIGNATURE 12. TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered as OFFICERS A DP HERNANDEZ, ELOY 1479 SW 6TH ST	gent and title if applicable. (NOTE:	13. 1.1 TITLE 1.2 NAME	ent signature require ET ADDRESS ST-ZIP	ad when reinstating) ADDITIONS/CHANGES TO 0	DATE	ID DIRECTO	RS IN 12	CD2E024 (41/08)
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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, with all other like empowered.