★ FILE NOW. FILING FEE AFTER MAY 1 IS $225.00 ★

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAY -1 PM 3:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Corporation Name: SALSUECCA PRODUCTION, INC.

DOCUMENT #: P93000021941

Mailing Address: 6335 NW. 201 LN, MIAMI, FL 33015

Principal Place of Business: 6335 NW 201 LN, MIAMI, Fl 33015

DO NOT WRITE IN THIS SPACE

2. Mailing Address
2a. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip

3. Date Incorporated or Qualified
3a. Date

4. FEI Number: 65-0399716
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

7. Nonprofit Exempt from $138.75 Supplemental Fee ☐

8. The corporation has liability for intangible tax under Florida Statutes ☐ Yes ☐ No

9. *Name and Address of Current Registered Agent*

10. *Name and Address of New Registered Agent*

Name: SHARON PARRA
Street Address (P.O. Box Number is Not Acceptable): 6335 N.W 201 LN
City: MIAMI FL Zip Code: 33015

11. Pursuant to the provisions of Sections 607.0502 and 607.1508 or Sections 617.0502 and 617.1508, 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 or 617.0505, Florida Statutes.

SIGNATURE: [signature] DATE: 4/28/95

12. OFFICERS AND DIRECTORS	13. CHANGES TO OFFICERS AND DIRECTORS IN 12
	TITLE: P NAME: SHARON PARRA STREET ADDRESS: 6335 N.W 201 LN CITY-ST-ZIP: MIAMI FL 33015
	TITLE: V NAME: GISELA ESCOBAR STREET ADDRESS: 6335 N.W. 201 LN CITY-ST-ZIP: MIAMI, FL 33015
	TITLE: S NAME: CARLOS LEON STREET ADDRESS: 19186 N.W. 66 CT CITY-ST-ZIP: MIAMI FL 33015

14. I hereby certify that the information supplied with this filing is voluntarily furnished and 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 or Chapter 617, 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.

SIGNATURE: [signature] — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/95 (305) 628-1550

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1995

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DOCUMENT # P93000023447 (4)

TIRSO C. IGNACIO, D.M.D., PROF. DENTAL P.A.

1700 DREW STREET
SUITE 1A
CLEARWATER FL 34615

1700 DREW STREET
SUITE 1A
CLEARWATER FL 34615

3 03/26/1993

3a 05/01/1994

4. 59-3195585

$8.75 Additional Fee Required

$5.00 May Be Added to Fees

2 | 2a
21 | 26
22 | 27
23 | 28
24 | 25 | 29 | 30

9 Name and Address of Current Registered Agent

IGNACIO, TIRSO C
1700 DREW STREET
SUITE 1A
CLEARWATER FL 34615

10. Name and Address of New Registered Agent

81
82
83
84 FL 85

11

12

P
IGNACIO, TIRSO C DMD
9498 94TH AVENUE
SEMINOLE FL

M
IGNACIO, CHERYL OCAMPO
9498 94TH AVENUE
SEMINOLE FL

13

14

CH

SIGNATURE: Tirso C. Ignacio
TIRSO C. IGNACIO DMD

5/10/95 813 446 6677

0355348 CP

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AND
FILED

1995

DOCUMENT # P93000027287 (0)

ACRYLCLASS, INC.

6915 NW 82 AVE
MIAMI FL 33166

6915 NW 82 AVE
MIAMI FL 33166

3 04/12/1993

3a 05/01/1994

4 65-0408101

5 $8.75 Additional Fee Required

6 $5.00 May Be Added to Fee

9 Name and Address of Current Registered Agent

KELLEY, GLORIA
10564 SW 112 AVE
MIAMI FL 33176

10 Name and Address of New Registered Agent

FL

12

PD
GIRALDO, GERARDO
9350 FONTAINEBLEAU BLV #C-102
MIAMI, FL. 33172-4257
ID
BEDOYA, OSWALDO
353 W 47 ST #7F
MIAMI BEACH FL 33140

13

X

(PLEASE DELETE)

X

ESTRADA LUZ M.
9350 FONTAINEBLEAU BLVD # C-102
MIAMI, FL. 33172

SP75130

14

SIGNATURE: GERARDO GIRALDO 9/26/95

SIGNATURE AND TYPED OR PRINTED NAME OF SUBSCRIBER AND FEE AMOUNT

0170321 CP

FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

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

DOCUMENT # [illegible]

1. Corporation Name
Motor Cars International Inc.

600001503908
-06/01/95--01114--012
****200.00 ****200.00

DO NOT WRITE IN THIS SPACE

Principal Place of Business / Mailing Address
390 S,E, 2nd Ave., Bay 2
Delray Beach Fl. 33483

3. Date Incorporated or Qualified: 4/28/93
3a. Date of Last Report:

2. Principal Place of Business
21: 1501 SW 10 ST
22: Suite, Apt. #, etc
23: City & State: DELRAY BCH
24: Zip: FL
25: Country: USA

2a. Mailing Address
26:
27: Suite, Apt. #, etc
28: City & State
29: Zip
30: Country

4. FEI Number: 65-0416687
☐ 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 intangibles tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

Carl Ceraolo
6874 Calle Del Paz S
Boca Raton, Fl. 33433

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 14370 LAUREL TRAIL
83:
84 City: WELLINGTON FL 85 Zip Code: 33414

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] Date: 5/11/95
(Signature required when registered office and/or registered agent is changed)
NOTE: Registered Agent signature required when reinstating.

12. OFFICERS AND DIRECTORS

TITLE	President
NAME	Carl Ceraolo
STREET ADDRESS	6874 Calle Del Paz S
CITY ST ZIP	Boca Raton, Fl. 33433
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	☐ Change ☐ Addition	
12 NAME		
13 STREET ADDRESS		
14 CITY-ST ZIP		
21 TITLE	☐ Change ☐ Addition	
22 NAME		
23 STREET ADDRESS		
24 CITY ST ZIP		
31 TITLE	☐ Change ☐ Addition	
32 NAME		
33 STREET ADDRESS		
34 CITY ST ZIP		
41 TITLE	☐ Change ☐ Addition	
42 NAME		
43 STREET ADDRESS		
44 CITY-ST ZIP		
51 TITLE	☐ Change ☐ Addition	
52 NAME		
53 STREET ADDRESS		
54 CITY ST ZIP		
61 TITLE	☐ Change ☐ Addition	
62 NAME		
63 STREET ADDRESS		
64 CITY ST ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sec. 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: [signature] Carl Ceraolo Date: 5/16
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR