**FILED** 

Apr 22, 1999 8:00 am Secretary of State

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## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P93000031138

1. Corporation Name

MOTOR CARS INTERNATIONAL, INC.

,										
Principal Place of Business		Mailing Address	Mailing Address			1 (4011				•
1501 SW 10TH STREET DELRAY BEACH FL 33444 US		1501 SW 10TH STREET DELRAY BEACH FL 33444				DO NOT WE	NTC IN THE	DDAOE		
		US		•		9 D.t. I	DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualifed			
						04/28/1		u		
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Numb	er		A	oplied For	
21		26	26			65-0416	<u>687                                    </u>			ot Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certifcate	of Status Desired		¥	Additional
22		27								equired
City & State		City & State	<b>⊢</b> , ′			l l	ampaign Financing	<sup>3</sup> □	•	May Be
23							Contribution			to Fees
Zip ─	Country	Zip	Cou	nuy			ration owes the cu Property Tax.	rrent year into	angible □Yes	Xio
24	9. Name and Address of Curre	29	30				Address of New	Registered		
	9. Name and Address of Curre	in Registered Agent		81	Name	10. 110.110				
CER	AOLA, CARL									
14370 LAUREL TRAIL				82	Street	Address (P.O. Box Nu	mber is Not Accep	itable)		
WEL	LINGTON, WPB FL 33414		•	83			_			
				84	City			FL	85  Zip	Code
agent. I a	to the provisions of Sections	ations of, Section 607.0505, FI	onda Stati	utes.		required when reinstating)		DATE		
12.	OFFICERS A	ND DIRECTORS	13.			ADDITIONS	CHANGES TO C	FFICERS AN		
TITLE	P	☐ DELETE	1.1 TT	īLΕ					Change	☐ Addition }
NAME	CERAOLO, CARL		1.2 N	ME						_
STREET ADDRESS	14370 LAUREL TRIAL		1.3 \$1	REET	ADDRESS					-
CITY-ST-ZIP	WELLINGTON, WPB FL 3341		_	TY-ST	-ZIP	<u></u>				
TITLE		☐ DELETE	2.1 ™	TLE					☐ Change	☐ Addition
NAME			2.2 N	ME						
STREET ADDRESS					ADDRESS					ł
CITY-ST-ZIP	~ · · · · · · · · · · · · · · · · · · ·	☐ DELETE	_	ITY-S	T- ZIP		_		Change	☐ Addition
TITLE		☐ DETE LE	3.1 77			Ì			Citaride	
NAME	.•		3.2 N							
STREET ADORESS					ADDRESS					}
CITY-ST-ZIP			4.1 T	ITY-S	T- ZIP				Change	Addition
TITLE			4.1 II							
NAME	:	•			ADORESS					Ì
STREET ADDRESS	**			TY-S1		1				
CITY-ST-ZIP TITLE	.:	DELETE	5.1 TI		- LIF	<del>                                     </del>			Change	Addition
NAME		<i>D</i>	5.2 N/						_ ,	_
STREET ADDRESS					ADDRESS				•	
CITY-ST-ZIP			- 1	TY-\$1		)				
TITLE		☐ DELETE	6.1 TI	TLE				_	☐ Change	Addition
NAME			6.2 N	AME.						
STREET ADDRESS	•		6.3 ST	REET	ADDRESS	!				

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 acceptate 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.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

WEDLING CARL CERAOLO PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #