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May 08 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P94000008442 (3)

1. Corporation Name
COJIMAR WHOLESALE MOTORS, INC.

Principal Place of Business

1301 S. SR7
HOLLYWOOD FL 33023
US

Mailing Address

1531 NW 87 WAY
PEMBORKE PINES FL 33024-4742
US



3. Date Incorporated or Qualified 02/02/1994
3a. Date of Last Report 05/01/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

4. FEI Number

65-0465345

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. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

RODRIGUES, YVETTE M.
6420 PARK STREET
HOLLYWOOD FL 33024

10. Name and Address of New Registered Agent

81 Name RODRIGUES, YVETTE M.
82 Street Address (P.O. Box Number is not acceptable)
1531 NW 87th WAY
83
84 City Pembroke Pines FL 85 Zip Code 33024

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, to 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

YVETTE M. RODRIGUES

5/1/97

12. OFFICERS AND DIRECTORS

TITLE	PDST	<input checked="" type="checkbox"/> DELETE
NAME	JUAN, MARTINEZ	
STREET ADDRESS	1531 NW 87 WAY	
CITY-ST-ZIP	PEMBORKE PINES FL	
TITLE	VS	<input type="checkbox"/> DELETE
NAME	MARTINEZ, JUAN ROBERTO	
STREET ADDRESS	6420 PARK STREET	
CITY-ST-ZIP	HOLLYWOOD FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	YVETTE M. RODRIGUES	
1.3 STREET ADDRESS	1531 NW 87 WAY	
1.4 CITY-ST-ZIP	Pembroke Pines FL 33024	
2.1 TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	JUAN ROBERTO MARTINEZ	
2.3 STREET ADDRESS	1531 NW 87 WAY	
2.4 CITY-ST-ZIP	PEMBROKE PINES FL	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do 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.

SIGNATURE:

Yvette M. Rodriguez

SIGNING OFFICER OR DIRECTOR

5/1/97

954-964-0799

CR2E034 (9/96)