SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 0, 1995.
AMOUNT DUE ON OR BEFORE 6/0/95: $223 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT

1995

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

FILED
95 AUG -7 AM 11:06
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **P94000024448 (0)**

1. Corporation Name
MOTOR TECH, INC.

DO NOT WRITE IN THIS SPACE.

Principal Place of Business	Mailing Address
9530 BURLINGTON PLACE BOCA RATON FL 33434	9530 BURLINGTON PLACE BOCA RATON FL 33434

3. Date Incorporated or Qualified: 03/24/1994
3a. Date of Last Report:

2. Principal Place of Business 21 22445 Swordfish Drive	2a. Mailing Address 26 22445 Swordfish Drive	4. FEI Number 65-0475299	☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired ☐	**$8.75** Additional Fee Required
City & State 23 Boca Raton, FL	City & State 28 Boca Raton, FL	6. Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees
Zip / County 24 33428 / 25 Palm Beach	Zip / County 29 33428 / 30 Palm Beach	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☑ No	

9. Name and Address of Current Registered Agent

FIGUEROA, NOEL
9530 BURLINGTON PLACE
BOCA RATON FL 33434

10. Name and Address of New Registered Agent

31 Name: FIGUEROA, NOEL
32 Street Address (P.O. Box Number is Not Acceptable): 22445 Swordfish Drive
33
34 City: Boca Raton FL 35 Zip Code: 33428

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN '95	
TITLE	D	1.1 TITLE	☑ Change ☐ Addition
NAME	FIGUEROA, NOEL	1.2 NAME	PRESIDENT FIGUEROA, NOEL
STREET ADDRESS	9530 BURLINGTON PLACE	1.3 STREET ADDRESS	22445 SWORDFISH DRIVE
CITY-ST-ZIP	BOCA RATON FL 33434	1.4 CITY-ST-ZIP	BOCA RATON FL 33428
TITLE	D	2.1 TITLE	☑ Change ☐ Addition
NAME	HASSON, DAINA	2.2 NAME	VICE PRESIDENT HASSON, DAINA
STREET ADDRESS	9530 BURLINGTON PLACE	2.3 STREET ADDRESS	22445 SWORDFISH DRIVE
CITY-ST-ZIP	BOCA RATON FL 33434	2.4 CITY-ST-ZIP	BOCA RATON, FL 33428
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E034 (3/95)

14. I do 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, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Daina Hasson DAINA HASSON 7/20/95 (407)483-9447
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0067837 CP