

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandria B. Matham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P94000053573 (9)**

1. Corporation Name

UNIMOTORS CORPORATION



Principal Place of Business

**851 THREE ISLANDS BLVD.
UNIT 306
HALLANDALE FL 33009**

Mailing Address

**851 THREE ISLANDS BLVD.
UNIT 306
HALLANDALE FL 33009**

3. Date Incorporated or Qualified

07/20/1994

3a. Date of Last Report

04/13/1995

4. FEI Number

65-0506220

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

10. Name and Address of New Registered Agent

2. Principal Place of Business

21 State, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 State, Apt. #, etc.

27 City & State

28 Zip

30 Country

9. Name and Address of Current Registered Agent

**LAW FIRM OF LAWRENCE J. SPIEGEL CHARTERED
343 ALMERIA AVENUE
CORAL GABLES FL 33134**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.01(2) and 607.1508, Florida Statutes, the undersigned 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 607.01(4), Florida Statutes.

SIGNATURE

Signature of person authorized to sign this statement

Date of signature

Date of signature

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **P FLACHON, MARC R. H**
STREET ADDRESS **851 THREE ISLANDS BLVD., UNIT 306**
CITY-ST-ZIP **HALLANDALE FL 33009**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

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TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

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SIGNATURE:

MARC FLACHON

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/28/96 (954) 456 0181
Daytime Phone #

CR2E034 (12/95)