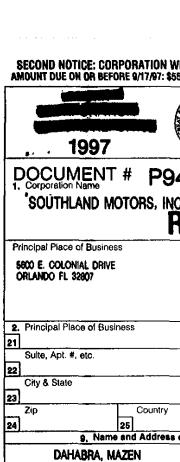
SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)



13 m

一方式を かんとう とうれいかっている

ť

東京はおからの後期 日 あしまる かれない 大はなのはなるので ある をしないないない

į

To the same

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

P94000068304 (2)

SOUTHLAND MOTORS, INC. REINSTATEMENT 1997

Mailing Address

97 OCT 21 PH 12: 54

SECRETARY OF STATE TALLAHASSEE, FLORIDA



S600 E. COLONIAL DRIVE ORLANDO FL 32807			5600 E. COLONIAL DRIVE ORLANDO FL 32807					NO MOT WOITE	INI TUUO OO	MOF		
								DO NOT WRITE				
								3. Date Incorporated or Qualified	1 "	of Last R	eport	
2. Principal Place of Business								09/16/1994	08/2	8/1996		
− i '	lace of Busine	SS	<u> </u>	2a. Mailing Address				4. FEI Number	·		plied For	
21			26	·				59-3269228			t Applicable	
Suite, Apt.	#, etc.		Suite 27	Suite, Apt. #, etc.				6. Certificate of Status Desired		\$8.75 / Fee Re		
City & State	е		City (City & State				6. Election Campaign Financing		\$5.00	May Be	
23			28	28				Trust Fund Contribution Added to Fees				
Zip		Country	Zip	Zip Coun				8. This corporation owes or has paid the current year Into			angible	
24	25			29 30				Personal Property Tax due June 30. Yes No				
g. Name and Address of Current Registered Agent						10. Name and Address of New Registered Agent						
DAHABRA, MAZEN						81 Name						
	DO E. COLON						Diss at Anta	Street Address (P.O. Box Number is Not Acceptable)				
				ļ			Street Add	dress (P.O. Box Number is Not Acceptab	10)			
ORLANDO FL 32807				I					···········			
						\Box						
						34	City		FL		Code	
11. Pursuant t	to the provisio	ns of Sections 607.050	2 and 607.150	B, Florida Statut	les, the abo	ove	-named co	rporation submits this statement for the p ation's board of directors. I hereby accep	urpose of c	hanging it	s registered	
agent. I a	egistered age: m familiar with	nt, or both, in the State i, and accept the oblig	ations of, Sect	cn change was ion 607.0505. Fi	aumorizea orida Statu	by tes	tne corpora	ation's board of directors. I hereby accep	t the appoi	ntment as	registered	
	Mag 1			_								
		printed name of registered age	ent and title if applic	able. (NOT	E: Registered	.ç. Ager	nt signature requ	vT /c	0 - 20 DATE	//		
12.		OFFICERS AN	D DIRECTORS					ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12				
TITLE	P			DELETE	1,1 T(T)	ŧ				Change	☐ Addition	
NAME	DAHABRA	. MAŻEN			1.2 NAV	1E						
STREET ADDRESS		OLONIAL DRIVE			1.3 STR	EET /	ADDRESS					
CITY-ST-ZIP		FL 32807			1.4 CITY							
TITLE	O I D WIDO	716 06001		DELETE	2.1 TITL		.211		— г	Change	Addition	
N ME					2.2 NAM		İ		-			
STREET ADDRESS							ADDRESS					
					1							
CTY-ST-ZIP				DELETE	2. 4 CIT	_	t-ZIP		292	(2 8-		
TITLE				- MILETE	3.1 TITL			-10/24/	370 t	030 ^w -1		
NAME					3 2 NAM			****75(0.00	**** *	5U.00	
STREET ADDRESS							ADDRESS				,	
CITY-ST-ZIP					3 4. CIT		T-ZIP			-		
TUTE				☐ DELETE	4.1 THE	E			L	_] Change	☐ Addition	
NAME					4. 2 NAM	Æ						
STREET ADDRESS					4.3 STRE	EET #	ADDRESS					
CITY-ST-ZIP					4.4 City	r-81	I-ZIP					
TITLE				DELETE	5.1 TITL	E				Change	Addition	
NAME					5.2 NAM	E	{	_			}	
STREET ADDRESS					5.3 STRE	ET A	ADDRESS	\wedge \wedge	m)			
CITY-ST-ZIP					5.4 CITY			[], Wi	U 1 -		ł	
TITLE				DELETE	6.1 TITLI		F.".	<u>), w</u>	17116	Change	Addition	
NAME					6.2 NAM			10	10117			
							4000000	ı	()		ļ	
STREET ADDRESS					6.3 STRE	et i #	ADDRESS					

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.

II MAZO EDAMARDA

10-20-97

(407) 382-0725