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

**PROFIT CORPORATION ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name P95000001484 (1)

**EUROSPORT MOTORCARS, INC.** 

## **FILED** Apr 07 1998 8:00am Secretary of State

Principal Plac	e of Business	Mailing Address	Mailing Address			3 100190 Dt 116 10104 Ottli 0014 06111 004		11011 81801 18	illi Bibi ibbi
1010 S.E. 12T		1010 S.E. 12TH COURT							
CAPE CORAL FL 33990		CAPE CORAL FL 33990				DO NOT WRITE IN THIS SPACE			
						3. Date Incorporated or Qualified			
						01/01/1995			
<b>⊢</b> — '	flace of Business	2a. Mailing Address			İ	4. FEI Number			pplied For
Suite, Apt.	# atc	[26] Suite, Apt. #, etc.				65-0552204			ot Applicable
22		27			5. Certificate of Status Desired			Additional lequired	
City & State		City & State			<b>6.</b> Election Campaign Financing Trust Fund Contribution			May Be to Fees	
Zip	Country	Zip	Country			8. This corporation owes or has pa			itangible
24	25		30			Personal Property Tax due June 30. X Yes No 10, Name and Address of New Registered Agent			
9. Name and Address of Current Registered Agent					lame	10. Name and Address of New He	gistered A	gent	
	ig, armand 10 S.E. 12th Court		81					·	
1	PE CORAL FL 33990		82	S	Street Address	ddress (P.O. Box Number is Not Acceptable)			
	1 E 0014 E 1 E 00330		83						
			84	С	City		FL	<b>85</b> Zip	Code
11. Pursuant to the provisious of Sections 607 0502 and 607 1508. Florida Statutes, the					emed corpora	ation submits this statement for the n		changing i	its registered
11. Pursuant to the provisions of Sections 607 05:02 and 607 15:08, 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									
12.	Signature, typied or printed name of registered age OFFICERS ANI		Registered Age	ent si	ignature required w	then reinstating) ADDITIONS/CHANGES TO OFFICE	DATE CEDS AND	DIRECTO	DC IN 12
TITLE	n D	DELETE	1.1 1111.6			ADDITIONS/CHANGES TO OFFIC		Change	Addition
NAME	PUIG, ARMAND		1.2 NAME	1.2 NAME				<b>v</b>	
STREET ADDRESS 1010 S.E. 12TH COURT			1.3 STREET ADDRESS		DRESS				
CITY-ST-ZIP CAPE CORAL FL 33990			1.4 CITY-ST-ZIP		IP		i	_	
TITLE	DELETE		2.1 TITLE				ļ	Change	Addition
NAME			2.2 NAME						
STREET ADDRESS			2.3 STREET		1				
CITY-ST-ZIP TITLE				S1-Z	IP			Change	Addition
NAME			3.1 TITLE 3.2 NAME				'		
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CITY-ST-ZIP			3.4. ÇITY-						
TITLE		DELETE	4.1 TLE					Change	Addition
NAME			4. 2 JAME						
STREET ADDRESS					DAESS				
CITY-ST-ZIP		Delete		ST-ZU	<u>P</u>			Change	Addition
TITLE NAME		☐ DELETE	5.1 TLE					Change	Addition
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CITY-ST-ZIP			5.4 CITY- S						
TITLE		DELETE	6.1 TITLE			± 14		Change	☐ Addition
NAME			6.2 NAME						
STREET ADDRESS			6.3 STREET	AOD	DRESS				
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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 suppliemental 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: