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

CORPORATION **ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P95000007094 (2)

AMERICAN AUTOMOTIVE ENGINEERING, INC.

## **FILED** May 08 1998 8:00am Secretary of State

| AMERICAL ACTOROTIVE ENGINEERING, ITO.   |                                      |                                       |                      |                                     |                   |  |
|---|--------------------------------------|---------------------------------------|----------------------|-------------------------------------|-------------------|--|
| Principal Place   | of Business                          | Mailing Address                       | Mailing Address      |                                     |                   | -  |
| 14260 SW 139  |                                      | 14260 SW 139 COURT                    | •                    |                                     |                   |  |
| MIAMI FL 3318   |                                      | MIAMI FL 33186                        |                      |                                     |                   | DO NOT WRITE IN THIS SPACE   |
|   |                                      |                                       |                      |                                     |                   | 3. Date Incorporated or Qualified  |
|   |                                      |                                       |                      |                                     |                   | 01/23/1995   |
| 2. Principal Place of Business 2a. Mailing Address  |                                      |                                       |                      |                                     |                   | 4. FEI Number Applied For  |
| 21 26   |                                      |                                       |                      |                                     |                   | 65-0574072 Not Applicable  |
| Suite, Apt. #, etc.   |                                      |                                       |                      |                                     |                   | 5. Certificate of Status Desired See Regulred \$8.75 Additional Fee Regulred       |
| 27     27     City & State   City & State   |                                      |                                       | <del></del>          |                                     |                   |  |
| 23 28   |                                      |                                       |                      |                                     |                   | 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees |
| Zip   |                                      |                                       | Coun                 | itry                                |                   | 8. This corporation owes or has paid the current year Intangible                   |
| 24  | 25                                   | 29 30                                 |                      |                                     |                   | Personal Property Tax due June 30. 🛮 Yes 🔲 No                                      |
| 9. Name and Address of Current Registered Agent   |                                      |                                       |                      |                                     |                   | 10. Name and Address of New Registered Agent                                       |
| LEE, DAVID  |                                      |                                       |                      | B1                                  | Name              |  |
| 14260 SW 139 COURT<br>MIAMI FL 33186  |                                      |                                       | Ī                    | 82 Street Ad                        |                   | ess (P.O. Box Number is Not Acceptable)  |
|   |                                      |                                       | -                    | B3 -                                |                   |  |
|   |                                      |                                       |                      |                                     |                   |  |
|   |                                      |                                       | 1                    | B4                                  | City              | FL 85 Zip Code   |
| 11. Pursuant to   | o the provisions of Sections 607.0   | 502 and 607.1508, Florida Statutes    | s, the ab            | ove-r                               | named corpo       | oration submits this statement for the ourpose 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   |                                      |                                       |                      |                                     |                   |  |
| Signature, typed or printed name of registered agent and title if applicable (NOTE: Registere   |                                      |                                       |                      | Agent                               | signature require | od when reinstating) DATE  |
| 12.   |                                      | AND DIRECTORS DELETE                  | 13.                  | £                                   |                   | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change Addition                 |
| TITLE<br>NAME   |                                      |                                       | 1,2 NAS              |                                     | i                 |  |
| STREET ADDRESS  | T 1                                  |                                       |                      |                                     | DDRESS            |  |
| CITY-ST-ZIP   | MIAMI FL 33186                       |                                       | 1.4 CITY - ST - ZIP  |                                     | - 1               |  |
| TITLE   | GIR WILL T COLOR                     | DELETE                                | 2.1 TITLE            |                                     |                   | Change Addition  |
| NAME  |                                      |                                       | 2.2 NAME             |                                     | Ì                 |  |
| STREET ADDRESS  | 23                                   |                                       | 2.3 S1R              | EET AI                              | DDRESS            | ·  |
| CITY-ST-ZIP   |                                      |                                       | 2.4 CITY - ST - ZIP  |                                     | - ZIP             |  |
| TITLE   | DELETE 3.1 T                         |                                       | 3.1 TITL             |                                     |                   | ☐ Change ☐ Addition  |
| NAME  |                                      |                                       | 3.2 NAN              |                                     |                   |  |
| STREET ADDRESS  |                                      |                                       |                      | 3.3 STREET ADDRESS 3.4. CITY+ST-2IP |                   |  |
| CITY-ST-ZIP<br>TITLE  |                                      |                                       | 3.4. CIT<br>4.1 THTL |                                     | - ZIP             | Change Addition  |
| NAME  | <b>__</b>                            |                                       | 4. 1 MA              |                                     |                   | Change House   |
| STREET ADDRESS  |                                      |                                       | 1                    |                                     | DORESS            |  |
| CITY-ST-ZIP   | •                                    |                                       | 4.4 CIT              |                                     |                   |  |
| TITLE   |                                      |                                       | 5.1 THL              |                                     |                   | Change Addition  |
| NAME  | 5.21                                 |                                       | 5.2 NAA              | ME                                  |                   |  |
| STREET ADDRESS  |                                      |                                       | 5.3 STR              | EET AI                              | DDRESS            |  |
| CITY-ST-ZIP   |                                      |                                       | 5.4 CIT              | Y - ST -                            | ZIP               |  |
| TITLE   |                                      |                                       |                      | S.1 TITLE                           |                   | ☐ Change ☐ Addition  |
| NAME  |                                      |                                       | 6.2 NAM              |                                     |                   |  |
| STREET ADDRESS  |                                      |                                       | 1                    |                                     | DORESS            |  |
| CITY-ST-ZIP   | artify that the information supplies | with this filing does not qualify for | 6.4 CiT              |                                     |                   | Section 119 07(3)(i). Florida Statutes, I further certify that the information     |

Indicated on this annual report or supplied with this ning does not qualify for the exemption stated in Section 119.07(3)), Florida Statutes, Turtlet 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 of 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 attachnion with an address.