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PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9500

MERCEDES SPECIALISTS, INC. P95000007460 (5)

FILED Mar 04 1998 8:00am Secretary of State

Suite, Apt. #, etc Suite, Apt. #, etc Suite, A
3000 SW. 38TH COURT MAMI Ft 33146 SUMAMI Ft 33201 SUMAMI F
2. Principal Place of Business 2a. Mailing Address 4. FER Number 65-0552275 No. Applied For No. Applied For Suite, Apt. #, etc. Suite, Apt.
Surice, Apt. #, elo:
28. Mailing Address 28. Mailing Address 4. FEI Number Applied For Not Applicable Suite, Apl. #, etc. Suite, Apl. #, etc.
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Suite, Apt. 4, etc. Suite, Apt. 4, etc.
City & State
28 28 28 28 29 20 20 30 30 30 30 30 30
Zip Country Zip Country Strip
25
P. Name and Address of Current Registered Agent LOTT, GEORGE J 5975 SUNSET DR. SUITE 302 MIAMI FL 32301 83 84 City FL 85 Zip Code 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 agent, a emission of sections of Sections 607.0502 and 607.1508, Florida Statutes. The above-named corporation submits this statement for the purpose of changing its registered agent, a emission of sections of Sections 607.0502 and 607.1508, Florida Statutes. The above-named corporation submits this statement for the purpose of changing its registered agent, a emission of sections of section 607.0505, Florida Statutes. SIGNATURE Signature, byted or profid frame of regulatorial agent and the in applicable (IACET Registered Agent agreeture required when resintating) DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE AMAME AMADO, ALAIN R STREET ADDRESS OITY-ST-ZIP MIAMI FL DELETE 1.3 STREET ADDRESS OITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE 2.2 NAME 2.2 NAME 2.3 STREET ADDRESS OITY-ST-ZIP TITLE DELETE 3.3 STREET ADDRESS OITY-ST-ZIP TITLE DELETE 3.3 STREET ADDRESS OITY-ST-ZIP TITLE DELETE 3.3 STREET ADDRESS OITY-ST-ZIP TITLE DELETE 3.4 CITY-ST-ZIP Change Addition AMAGINGS 3.5 STREET ADDRESS OITY-ST-ZIP TITLE DELETE 3.4 CITY-ST-ZIP Change Addition AMAGIN-ST-ZIP TITLE DELETE 3.4 CITY-ST-ZIP Change Addition AMAGIN-ST-ZIP TITLE DELETE 3.5 STREET ADDRESS OITY-ST-ZIP TITLE DELETE 3.4 CITY-ST-ZIP Change Addition AMAGIN-ST-ZIP TITLE DELETE 4.1 TITLE DELETE 4.1 TITLE Change Addition Change Addition
LOTT, GEORGE J 5975 SUNSET DR. SUITE 302 MIAMI FL 32301 62 Street Address (P.O. Box Number is Not Acceptable) 63 64 City
SUITE 302 MIAMI FL 32301 83 84 City FL 85 Zip Code 11. Pursuant to the provisions of Sections 607.050? 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 Stato of Florida Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, and have the obligations of Sections 607.050? Florida Statutes. SIGNATURE Signature, syned or perioda name of registered agent and take if applicable: (NOTE Registered Agent agreeting advantance) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DP DELETE 1.1 TITLE AMADO, ALAIN R 8330 S.W. 31ST ST 1.2 TIME AMADO, ALAIN R 8330 S.W. 31ST ST 1.3 STREET ADDRESS CITY-ST-ZIP MIAMI FL DELETE 2.1 TITLE DELETE 2.2 NAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE 3.1 TITLE DELETE 3.2 NAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE 3.3 STREET ADDRESS CITY-ST-ZIP TITLE DELETE 3.4 TITLE DELETE 3.5 TITLE DELETE DELETE 3.5 TITLE DELETE DELETE 3.5 TITLE DELETE DELETE 3.5 TITLE DELETE
SUITE 302 MIAMI FL 32301 83 84 City FL 85 Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Floride Statutes, the above-named corporation submits this statement for the purpose of changing its registered or registered agent, or both, in the State of Floride Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered or general rem familiar with, and accept the obligations of. Section 607.0505, Floride Statutes, the above-named corporation submits this statement for the purpose of changing its registered or general rem familiar with, and accept the obligations of. Section 607.0505, Floride Statutes SIGNATURE
MIAMI FL 32301 B4 City FL 85 Zip Code 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 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, and familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agents and tall of appointment and registered agent agents and tall of appointment as registered when reinstating) DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DP AMADO, ALAIN R STREET ADORESS CITY-ST-ZIP MIAMI FL DELETE 1.1 TITLE 1.2 NAME 2.2 NAME 3.3 STREET ADORESS CITY-ST-ZIP TITLE DELETE 3.1 TITLE 1.4 CITY-ST-ZIP TITLE 1.5 TITLE 1.6 Change Addition Addition AMAE STREET ADORESS CITY-ST-ZIP TITLE 1.5 TITLE 1.6 Change Addition Addition AMAE 3.2 NAME 3.3 STREET ADORESS CITY-ST-ZIP TITLE 1.5 TITLE 1.5 Change Addition Addition Addition Addition Addition
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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, a em familiar with, and accept the obligations of. Section 607.0505, Florida Statutes. SIGNATURE Signature
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 agent, or both, in the State of Florida Statutes. SIGNATURE Signature, typed or printed name of registered agend and title if applicable (NOTE Registered Agend agend agend agend and title if applicable (NOTE Registered Agend age
SIGNATURE Signature. typed or printed name of registered agend and title if applicable (NOTE Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS TITLE DP AMADD, ALAIN R AMADD, ALAIN R 8330 S.W. 31ST ST BITLE
Signature, typed or printed name of registroid agent and title if applicable (NOTE Registroid Agent eignature required when reinstating) DATE
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CITY-ST-ZIP 64 CITY-ST-ZIP 64 CITY-ST-ZIP 14. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119 07(3)(i) Floride 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 ordress.

SIGNATURE: