SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.) ELORIDA DEPARTMENT OF STATE



| ANNUA | ORATION AL REPORT 996 | Sandra B. Secretary DIVISION OF C | of State | | |
|---------------------------|--|---|---|--|--|
| DOCUM 1. Corporation N | IENT # P9500 | 00011897 (2) | | | |
| COBRA | MOTORS, CORP. | | | | |
| Principal Place o | of Business | Mailing Address | | | 011) 00181 1700: 1180) 16119 10111 1001 1051 |
| 1330 S.W. 7071 | 1930 S.W. 707H RVE. 1939 S.W. 707H AVE. | | | | |
| MIAMI FL 33144 | | 1930-3.W. 7011 AVE | | 3. Date Incorporated or Qualified 02/13/1995 | 3a. Date of Last Report |
| 2. Principal Plac | ne of Business | 2a. Mailing Address | | 4. FEI Number | Applied For |
| | SW 957 | 26 SAME | | 65-05-55 8 33 | Not Applicable |
| Suite, Apt #, | | Suite, Apt #, etc. | | 5. Certificate of Status Desired | \$8.75 Additional Fee Required |
| City & State | AMI FI | City & State | | Election Campaign Financing Trust Fund Contribution | \$5.00 May Be Added to Fees |
| Zip | Country | Zip | Country | 8. This corporation has liability for | |
| 33/ | | 29 | 30 | Florida Statutes 10. Name and Address of New Re | Yes No |
| | 9. Name and Address of Curr | ent Hegistered Agent | 81 Name | 10. Name and Address of New Ad | gistered Agent |
| | RNANDEZ, ODALYS | | | 100 D. All objects Nat Accepted | olo) |
| 1000 0.111 1011 1112 | | | | ldress (P.O. Box Number is Not Acceptal | oie) |
| MIA | MI FL 33144 | | 83 | | |
| | | | 84 City | | 85 Zip Code |
| | | | 1 1 7 | | - FL ' ' |
| SIGNATURE | Signature type completion came of regions ad | | rida Statutés E Représed Agent signidoir re ■ 13. | rporation submits this statement for the pation's board of orectors. Thereby acceptions when recovery, ADDITIONS/CHANGES TO OFF | DAIL |
| TITLE | PTD | DELETE | 1 1 1 TLF | | Change Addition |
| NAME | FERNANDEZ, ODALYS | | 1.2 NAME | | |
| STREET ADDRESS | 1830 S.W. 70TH AVE. 7 | 1685W951 | 1.3 STREET ADDRESS | | |
| CITY-ST-ZIP | MIAMI FL 33144 | | 1.4 CITY - ST - ZIP | | Change Addition |
| TITLE | SVD | DELETE | 2 1 TIFLE | | Change Addition |
| NAME | GIL, NERY 1 330 S.W. 70TH AVE . 70 | 1 explet | 2.2 NAME | | |
| STREET ADDRESS | 1330-S.W. 701H-AVE. / 6 MIAMI FL 33144 | 067 | 2 3 STREET ADDRESS 2 4 CITY ST-ZIP | | |
| CITY - ST - ZIP | MIAMI FL 33144 | DELETE | 31 1114 | | Change Addition |
| NAME | | | 3.2 NAME | | |
| STREET ADDRESS | | | 3 3 STREET ADDRESS | | |
| CITY-\$1-ZIP | | | 34 CHY-ST-ZP | | |
| TITLE | | DELETE | 4.1 THLE | | Change Addition |
| NAME | | | 4. 2 NAME | | |
| STREET ADDRESS | | | 4.3 STREET ADORESS | | |
| CITY - ST - ZIP | | DELETE | 4.4 CITY - ST - ZIP | | Change Addition |
| TITLE | | [_] Directs | 51 TITLE 52 NAME | | |
| NAME | | | 5.2 NAME 5.3 STREET ADDRESS | | |
| STREET ADDRESS | | | 5 4 CITY-ST ZIP | | |
| CITY-ST-ZIP TITLE | | DELETE. | 61 TIFLE | | Change Addition |
| NAME | | | 6 2 NAME | | |
| STREET ADDRESS | | | 6.3 STREET ADDRESS | | |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119 07(3)(k). 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

6 4 CITY - ST - ZIP

SIGNATURE:

STREET ADDRESS

7/10/96 305-266-9751