**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## 1999

## DOCUMENT # **P95000053850**

1. Corporation Name

AUTOBAHN MOTORS, INC.

## **FILED** Mar 01, 1999 8:00 am Secretary of State

03-01-1999 90166 028 \*\*\*150.00



Principal Place of	Business	Mailing Address									
000 S. FEDERAL I OMPANO BEACH			1000 S. FEDERAL HWY. POMPANO BEACH FL 33062			DO NOT WRITE IN THIS SPACE					
						3. Date Incorporated or Qualifed 07/13/1995					
2. Principal Place	of Business	2a. Mailing Addr	2a. Mailing Address			4. FEI Number			Applied For		
<b>a</b>		26				65-0604341	_	- [	Not Applicable		
Suite, Apt. #, e	etc.		Suite, Apt. #, etc.			5. Certifcate of Status Desired		\$8.75 Additional Fee Required			
City & State		City & State	City & State			Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees			
Zip	Country	Zip	Zip Cou			This corporation owes the curre Personal Property Tax.	ent year Int	angible Yes	_		
9. Name and Address of Current Registered Agent						10. Name and Address of New R	egistered .	Agent			
RASSAN				81	Name			•			
601 BRI	ICKELL KEY DR.				Street Addre	Address (P.O. Box Number is Not Acceptable)					
MIAMI F	FL 33131				·						
				84	City		FL	85	Zip Code		
11. Pursuant to t	he provisions of Sections 607	.0502 and 607.1508, Flori	da Statutes, the a	bove	named corpo	oration submits this statement for the	purpose of	changir	ng its registered		

office or registered agent, or both, in the State of Florida. Such change was authorized by 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: Re	gistered Agent signature re	equired when reinstating) DATE	·····					
12.	OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12							
TITLE	P DELETE	1.1 TITLE	P	Change	☐ Addition				
NAME	RASSAM, RICK	1.2 NAME	RASSAM, RICK						
STREET ADDRESS	3100 N. OCEAN BLVD. APT. 1706	1.3 STREET ADDRESS	601 BRICKELL KEY DR.		ļ				
CITY-ST-ZIP	FT. LAUDERDALE FL 33308	1.4 CITY-ST-ZIP	MIAMI, FL. 33131						
TITLE	☐ DELETE	2.1 TITLE		Change Change	☐ Addition				
NAME		2.2 NAME			j				
STREET ADDRESS		2.3 STREET ADDRESS	. 4 1991						
CITY-ST-ZIP		2. 4 CITY-ST-ZIP							
TITLE	DELETE	3.1 TITLE		Change	Addition				
NAME		3.2 NAME			j				
STREET ADDRESS		3.3 STREET ADDRESS							
CITY-ST-ZIP		3.4. CITY-ST-ZIP							
TITLE	☐ DELETE	4.1 TITLE		☐ Change	☐ Addition				
NAME		4.2 NAME							
STREET ADDRESS		4.3 STREET ADDRESS							
CITY-ST-ZIP		4.4 CITY-ST-ZIP							
TITLE	DELETE	5.1 TITLE		Change	☐ Addition				
NAME		5.2 NAME							
STREET ADDRESS		5.3 STREET ADDRESS							
CITY-ST-ZIP		5.4 CITY-ST-ZIP	·						
TITLE	☐ DELETE	6.1 TITLE		Change	☐ Addition				
NAME		6.2 NAME							
STREET ADDRESS		6.3 STREET ADDRESS			l				
CITY-ST-ZIP		6.4 CITY-ST-ZIP							

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 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, with all other tike empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SURNING OFFICER OR DIRECTOR