

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P95000054945 (7)**

1. Corporation Name

UNITED AMERICAN MOTORS, INC.



Principal Place of Business

Mailing Address

**7031 GRAND NATIONAL DRIVE
SUITE 106-B
ORLANDO FL 32819**

**7031 GRAND NATIONAL DRIVE
SUITE 106-B
ORLANDO FL 32819**

3. Date Incorporated or Qualified
07/13/1995

3a. Date of Last Report
first

2. Principal Place of Business
21 **1575 AVIATION CTR PKY**
Suite, Apt. #, etc. **514**

2a. Mailing Address
26 **SAME ABOVE**
Suite, Apt. #, etc.

4. FEI Number
591459027

Applied For
Not Applicable

22 **X**
City & State
23 **DAYTONA BEACH FLORIDA**

27
City & State
28

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

24 **32114**
Zip
25 **u s a**
Country

29
Zip
30
Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ALBASHRAWI, ABDULLAH
7031 GRAND NATIONAL DRIVE
SUITE 106-B
ORLANDO FL 32819**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code
FL

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, 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 fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **ALBASHRAWI, ABDULLAH**
CITY-ST-ZIP **7031 GRAND NATIONAL DRIVE, SUITE 106-B**
ORLANDO FL 32819

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **ALBASHRAWI, AHMED**
CITY-ST-ZIP **7031 GRAND NATIONAL DRIVE, SUITE 106-B**
ORLANDO FL 32819

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 or is changed, or in an attachment with an address.

SIGNATURE: **Abdullah Albashrawi** **ABDULLAH ALBASHRAWI** **FEB 12, 96** **(904) 451-3344** **(904) 248-0073**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)