Feb 27, 1999 8:00 am Secretary of State

02-27-1999 90075 028 \*\*\*158.75

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P95000058578

Principal Place	L MOTORS LTD., INC. e of Business	Mailing Address 8007 N.W. 29TH ST. MIAMI FL 33122					Acceptance of the control of the con			
							DO NOT WRITE IN TH	IS SPACE		
							3. Date Incorporated or Qualifed 07/28/1995			
Principal Place of Business     2a. Mailing Address							4, FEI Number		pplied For	
26							65-0599791		ot Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.					Certificate of Status Desired \$8.75 Additional Fee Required			
City & State City & State							6. Election Campaign Financing \$5.00 May Be			
23	<del>-</del>	28					Trust Fund Contribution Added to Fees			
Zip	Country	Zip		untry			8. This corporation owes the current year I	Intangible ☐ Yes	□No	
24	25	29	30	т			Personal Property Tax.  10. Name and Address of New Registere			
·	9. Name and Address of Curre	nt Registered Agent		81	Name		10. Name and Address of New Registere	u Agent		
FILIN	IGS, INC.									
3732 N.W. 16TH STREET				82 Street Add			ss (P.O. Box Number is Not Acceptable)	•		
FT. LAUDERDALE FL 33311-4132				83						
				84	City		F	85 Zip	Code	
office or r	egistered agent, or both, in the State m familiar with, and accept the oblig Signature, typed or printed name of registered ag	e of Florida. Such change was ations of, Section 607.0505, Fl	authorize orida Stat	a by lutes.	the corpor	ration	ration submits this statement for the purpose is board of directors. I hereby accept the appropriate the property of the prope	oominent as r	egistered	
12.	OFFICERS AND DIRECTORS		13.				ADDITIONS/CHANGES TO OFFICERS /			
TITLE	D DELETE			1.1 TITLE				Change	☐ Addition i	
NAME	COTTENUES TO SECO			1.2 NAME						
STREET ADDRESS	8007 N.W. 29TH ST.			1.3 STREET ADDRESS						
CITY-ST-ZIP	MIAMI FL 33122			1.4 CITY-ST-ZIP			<del></del>	Change	Addition	
TITLE						VI		on laring o	7	
NAME							tua Patricia Castro		j	
STREET ADDRESS				2.3 STREET ADDRESS 2.4 CITY-ST-ZIP		80	29. N.W. 29.57	,	1	
CITY-ST-ZIP		DELETE	2 4 C		1-21		Mir FL 33122	Change	Addition	
-TITLE				3.2 NAME			•	_, -	_	
NAME STREET ADDRESS					ADDRESS				ł	
	1			3.4. CITY-ST-ZIP						
CITY-ST-ZIP TITLE	☐ DELETE			4.1 TITLE				Change	☐ Addition	
NAME			4.21	4, 2 NAME				* *	1	
STREET ADDRESS					ADDRESS				{	
CITY-ST-ZIP				ITY-51					,	
TITLE	DELETE		5.1 T	5.1 TITLE				Change	☐ Addition	
NAME			5.2 N	AME				ř.	1	
STREET ADDRESS			5.3 S	TREET	ADDRESS					
CITY-ST-ZIP				ITY-S	T-ZIP					
TITLE		☐ DELETE	6.1 T					Change	Addition	
NAME			6.2 N		}				1	
STREET ADDRESS			6.3 S	TREET	TADORESS			•		

14. It 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 of resupplemental 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 leceiver 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 changer, or in an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

RE RECOMMED OF SIGNING OFFICER OR DIRECTOR