Amended AMERICAS HAT DUE AN OR SECONE ACTOR FLORIDA DEPARTMENT OF STATE **PROFIT** 1996 OCT 23 AM 9: 28 Sandra B. Mortham CORPORATION ANNUAL REPORT SECRETARY OF STATE TALLAHASSEE, FLORIDA DIVISION OF CORPORATIONS 1996 DOCUMENT # 25 0000 W409W NORTH MOTORS, INC. Principal Place of Business Mailing Address 1401 Brickell Avenue 1401 Brickell Avenue Suite 800 Suite 800 3a. Date of Last Report Miami, Florida 33131 Miami, Florida 33131 3. Date Incorporated or Qualified 8/22/95 8/7/96 2. Principal Place of Business 2a. Mailing Address Applied For 65-0600825 26 21 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution \Box Added to Fees Country Country Zin 8. This corporation has liability for intangible tax under s. 199.032. 25 29 Yes No 24 30 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name DAMARYS FIGUEROA 1401 Brickell Avenue, Suite 800 82 Street Address (P.O. Box Number is Not Acceptable) Miami, Florida 33131 83 84 City Zip Code 85 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 (NOTE Registered Agent signature required when remstating) Signature, typed or printed name of registered agent and title if applicable EVA TA 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (3/36) DELETE TITLE DP 1 1 TITLE Chance Addition PERALTA, NESTOR NAME 1.2 NAME SHEENA SANCHEZ CR2E034 7310 S.W. 96th Street STREET ADDRESS 4260 West 18th Lane 1.3 STREET ADDRESS Hialeah, Florida 33013 CITY-ST-ZIP 14 OTY-SI-ZIP Pinecrest, Florida 33156 Change TITLE 2.1 THE __ Addition NAME 2.2 NAVE STREET ADDRESS 2.3 STREET ADDRESS CITY - ST - ZIP 2 4 CITY-S1-ZIP ي . . ي [] آمريديد 100001987241 HAMMA -10/28/96--01048--014 TITLE 3.17111.6 NAME 3.2 NAME *****61.28 *****61.25 STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 34 CITY-ST-ZIP DELETE TITLE 41 TITLE Change Addition .NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY - ST - ZIP 4.4 CITY - ST - 7IP DELETE **■**TITLE 51 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS

14. I do hereby certify that the information supplied with this fing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes, if 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 it 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 Blog 12 or Block Part changed, or on an attachment with an address.

5.3 STREET ADDRESS

6.3 STREET ADORESS

64 CITY - ST - ZIP

5 4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - 7/2

TITLE

NAMÉ

DELETE

Change