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May 06 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P95000093992 (2)

1. Corporation Name
CAR PLAZA, INC.



Principal Place of Business

8360 W. OAKLAND PARK BLVD. #201
SUNRISE FL 33351

Mailing Address

8360 W. OAKLAND PARK BLVD. #201
SUNRISE FL 33351-7338

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

ARIE MREJEN, P.A.
8360 W. OAKLAND PARK BLVD. #307
SUNRISE FL 33351

3. Date Incorporated or Qualified
12/08/1995

3a. Date of Last Report
02/15/1996

4. FEI Number
65-0624302

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

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

10. Name and Address of New Registered Agent

81 Name

ARIE MREJEN, P.A.

82 Street Address (P.O. Box Number is Not Acceptable)

701 W. CYPRESS CREEK ROAD

83

SUITE 302

84 City

FORT LAUDERDALE FL

85 Zip Code

33309

11. Pursuant to the provisions of Sections 607.0507 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 title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP
D KADOCH, DAVID 8360 W. OAKLAND PARK BLVD. #201 SUNRISE FL 33351
☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP
D ZOUR, ISRAEL 12700 BISCAYNE BLVD SUITE 202 NORTH MIAMI FL
☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP
D DJERASSI, GIDEON 9800 SW 4TH STREET PLANTATION FL
☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP
☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP
☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP
☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

DIRECTOR - PRESIDENT

☒ Change ☐ Addition

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

DIRECTOR - TREASURER

☒ Change ☐ Addition

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

DIRECTOR - SECRETARY

☒ Change ☐ Addition

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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.

SIGNATURE

GIDEON DJERASSI

4/29/97

954 249 2020

CR2E034 (9/96)