FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000030080 (1)

LATINOM MOTORIO, INC.				
Principal Place of Business	Mailing Address			
75 N. CONGRESS AVE.	75 N. CONGRESS AVE. DELBAY REACH EL 33445			

FILED Feb 24 1998 8:00am Secretary of State

PLATIN	UM MOTORS, INC.	•	,		
Principal Place	e of Business	Mailing Address			1444 00 141 0040 4 10110 30 44 1001
75 N. CONGR DELRAY BEAG		75 N. CONGRESS AVI DELRAY BEACH FL 33		DO NOT WRITE IN TH	IS SPACE
				3. Date Incorporated or Qualified	IO OF MOL
				04/05/1996	
2. Principal P	lace of Business	2a. Mailing Address	· · · · · · · · · · · · · · · · · · ·	4. FEI Number	Applied For
21		26		65-0664639	Not Applicable
Suite, Apt.	₩, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	9	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the	
24	25	29	[30]	Personal Property Tax due June 30.	Yes No
	g, Name and Address of Curre	nt Registered Agent	81 Name	10. Name and Address of New Register	BO Agent
	LTAN, HODA		o i Name		
	N. CONGRESS AVE.		82 Street Add	ress (P.O. Box Number is Not Acceptable)	
DE	LRAY BEACH FL 33445		83		
			63		
			84 City		85 Zip Code
44.6		00 - 1 007 4000 F/1-24- DI			L B3 Z.IP COOP
office or re agent. La	to the provisions of Sections to? ost egistered agent, or both, in the State in familiar with, and accept the oblig	oz and 607, 1508, Florida Sia e of Florida. Such change wa jations of, Section 607,0505,	itutes, the above-hamed corporal sauthorized by the corporal Florida Statutes.	poration submits this statement for the purposition's board of directors. I hereby accept the a	appointment as registered
SIGNATURE	3 2				
12.	Signature, typed or printed name of mystured by OFFICERS AN	yen and the it applicable to ND DIRECTORS	NOTE: Registered Agent signatura requi	ired when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS A	
TITLE	D	DELETE	1.1 TITLE	ADDITIONS/CHANGES TO OFFICEINS A	Change Addition
NAME	SULTAN, HODA		1.2 NAME		
STREET ADDRESS	75 N. CONGRESS AVE.		1.3 STREET ADDRESS		
CITY-ST-ZIP	DELRAY BEACH FL 33445		1.4 CITY-ST-ZIP		
TITLE	DEDICTI DETICITE COTTO	DELETE	2.1 THILE		Change Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP			2. 4 CITY-ST-ZIP		
TITLE		DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
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 GITY - ST - ZIP		
TITLE		DELETE	5.1 THTLE		☐ 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			63 STREET ADDRESS		
DITY-ST-ZIP		_	6 4 CITY-ST-ZIP		

14. I hereby certify that the information supplied with indicated on this annual eport or tupplemental a officer or director of the corporation or the received block 12 or Block 13 if changed or on entanglish. his filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information inval report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an or or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in