SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P96000052038 (2)

YASA AUTO CENTER INC.

Principal Place of Business

Mailing Address

APPROVED AND FILED

1997 AUG 28 PM 1: 14

SECRETARY OF STATE TALLAHASSEE, FLORIDA



| PLANTATION | N 82 AVE #410 300 NW 82 AVE #410 ATION FL 33324 PLANTATION FL 33324 | | | | | | • | | |
|---|--|------------------------------------|-------------------------|---|--|------------------------|--|----------------|--|
| | | DANTAHON (E 00024 | | | DO NOT WRITE | IN THIS SPAC | E | | |
| | | | | | 3. Date Incorporated or Qualified 06/17/1996 | 3a. Date of | Last Rep | ort | |
| | lace of Business | On 26. Mailing Address | 11 166 | 11/E On | 4. FEI Number | | Appli | ied For | |
| 21 7470 | 1. POWERLIVE | | IN EUR | LINE RD | 65-0680939 | | | Applicable | |
| Suite, Apt. 22 00 70 | PAJO BCh. | Suite, Apt. #, etc. | 1mpANO BCh. | | 5. Certificate of Status Desired | | \$8.75 Additional Fee Required | | |
| City & Staty |) | City & Stallo | | | 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution | | | | |
| Zip' 3069 Country Zip 33069 Co | | | | | 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No | | | | |
| Name and Address of Current Registered Agent MOSHE AMNON 81 Name | | | | | 10. Name and Address of New Registered Agent | | | | |
| MOSHE, AMNON 300 NW 82 AVE #410 | | | | VI NATIO | | | | | |
| | NTATION FL 33324 | | 82 | 82 Street Address (P.O. Box Number is Not Acceptable) | | | | | |
| 70- | WIATION FE 33324 | | 83 | | | | | | |
| | | | | | | | | | |
| | | | 84 | City | | FL 85 | Zip Co | de | |
| 11. Pursuant t | to the provisions of Sections 607.05 | 502 and 607.1508, Florida Statutes | , the above | e-named corpor | ration submits this statement for the pu | | nging its r | egistered | |
| 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statules, 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 Statules. | | | | | | | | | |
| SIGNATURE | | | | | | | | | |
| | Signature, typed or printed name of registered a | | | nt signature required | | DATE | | | |
| 12. | OFFICERS A | ND DIRECTORS | 13. | | ADDITIONS/CHANGES TO OFFICE | | | | |
| NAME | MOSHE, AMNON | | 1.1 1171.6 | | Samman 2 2 | ¥الل **التياسية (22 | | Addition | |
| STREET ADDRESS | 000 NRM 00 AME #440 | | 1.2 NAME | mc 500002280505- ert address -08/28/970113001 | | | , NN1 | 3 1 | |
| CITY-ST-ZIP | PLANATATION FL 33324 | | | | ****165.00 ****165.00 | | | inn l | |
| TITLE | VID | □ DELETE 2.1 T/ | | 1-ZIF | | | | Addition | |
| NAME | AAOOUE ANNUA | | 2.2 NAME | | | — ° | in go | | |
| STREET ADDRESS | 300 NW 82 AVE #410 | | 2.3 STREET ADDRESS | | | | | | |
| CITY-ST-ZIP | DIAMATATION EL 20204 | | 2. 4 CITY-S | | | | | | |
| TITLE | | | 3.1 TITLE | | | | hange [| Addition | |
| NAME 🧗 | | | 3.2 NAME | | | | | | |
| STREET ODRESS | | | 3.3 STREET | ADDRESS | • | | | | |
| CITY-ST-ZIP | | <u></u> | 3.4 CITY-S | 1 - ZIP | | | | | |
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| NAME | | | ,4. 2 NAME , | | | | | | |
| STREET ADDRESS | | | 4.3 STREET | | | | | | |
| CITY-ST-ZIP | | Policie | 4.4 CITY-SI | - ZIP | | | _ | | |
| TITLE NAME | | DELETE | . 5.1 TITLE | | | □ c | nange L | Addition | |
| STREET ADDRESS | | | 5.2 NAME | ADDDCCC | | | | | |
| | | | 5.3 STREET | | | | | | |
| CITY-ST-ZIP TITLE | | DELETE | 54 OTY - ST 61 TITLE | · ZIP | | | TA soned | Addition | |
| NAME | 1 | | 6.2 NAME | | | L (| "\(\frac{1}{2}\frac{1} | | |
| STREET ADDRESS | | | 6.3 STREET | ADDRESS | | • | 100 Y | Ω_{L_1} | |
| CITY-ST-7IP | | | earlives | | | | Bir | ~ | |

14. I do 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 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.