

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

FILED
May 19 1997 8:00am
Secretary of State

PROFIT CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P-96-000058783

1. Corporation Name

EXOTICARS USA, INC.

Principal Place of Business

Mailing Address

1490 N.W. LeJeune Road
Maimi, FL 33126

3. Date Incorporated or Qualified
July 12, 1996

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 **1490 N.W. LeJeune Rd.**

26 **Same as 2.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 **Miami, Florida 33126**

28 **Miami, Florida 33126**

24 Zip Country

29 Zip Country

4. FEI Number
65-0682337

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name

David M. Goldstein, Esq.

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

100 S.E. 2nd Street

83

Suite 2750

84 City

Miami

FL

85 Zip Code

33131

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 I accept the obligations of, the registered agent under the Florida Statutes.

SIGNATURE

[Signature]

By signing this report, the name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☒ DELETE

President
Jose Garcia

1.1 TITLE ☒ Change ☐ Addition

President

NAME

1.2 NAME

Marvin Kottman

STREET ADDRESS

1.3 STREET ADDRESS

1490 N.W. LeJeune Road

CITY, ST, ZIP

1.4 CITY, ST, ZIP

Miami, FL 33126

TITLE ☒ DELETE

Vice President
Jose Garcia

2.1 TITLE ☐ Change ☐ Addition

NAME

2.2 NAME

STREET ADDRESS

2.3 STREET ADDRESS

CITY, ST, ZIP

2.4 CITY, ST, ZIP

TITLE ☒ DELETE

Treasurer
Jose Garcia

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

Secretary
Jose Garcia

4.1 TITLE ☒ Change ☐ Addition

NAME

4.2 NAME

Juan Almeida

STREET ADDRESS

4.3 STREET ADDRESS

1490 N.W. LeJeune Road

CITY, ST, ZIP

4.4 CITY, ST, ZIP

Miami, FL 33126

TITLE ☐ DELETE

5.1 TITLE ☐ 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

500002197465

STREET ADDRESS

6.3 STREET ADDRESS

-06/02/97--01035--028

CITY, ST, ZIP

6.4 CITY, ST, ZIP

*****165.00**

14. I 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 included 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 as an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E034 (9/96)