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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9600058835 (5)

NATIONAL MOTORS FINANCE INC

Principal Place of Business		Mailing Address	Mailing Address			1 idetiett bif imite Mitt Mittel meite Mater auffil deite tutan imite tres (Mare ida).		
4605 W. ALVA STREET 4805 W. ALVA TAMPA FL 33614 TAMPA FL 33								
						Date Incorporated or Qualified 07/12/1996	3a. Date of Last Report	
2. Principal Pla	ice of Business	2a. Mailing Addres	2a. Mailing Address			4, FEI Nymber	Applied For	
21 4		26	1			1 59-3279054	Not Applicable	
Suite, Apt #	t, etc.	Suite, Apt #, etc.				5. Certificate of Status Desired	\$8.75 Additional Fee Regulred	
City & State		City & State				6. Election Campaign Financing	\$5.00 May Be	
23		28				Trust Fund Contribution	☐ Added to Fees	
Zip 24	Country 25	Zip 29		Country 30		8. This corporation has liability for it	njangible tax under s. 199.032, Yes □ No	
9. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent			
HADDAD, NABIL GEORGE 7507 ABONADO ROAD TAMPA FL 33615				81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83				
				84	City	`	FL 85 Zip Code	
11. Pursuant to office or re agent. Lan	o the provisions of Sections 607 gistered agent, or both, in the S i familiar with, and accept the o	.0502 and 607,1508, Florida itate of Florida. Such chang bligations of, Section 607.0	a Statutes, the al e was authorized 505, Florida Stat	bove d by utes	-named corp the corporat	oration submits this statement for the p ion's board of directors, I hereby accep	urpose of changing its registered at the appointment as registered	
SIGNATURE	lignature, typied or printed hame of registers	d agent and title if applicable	(NOTE: Registered	i Age	nt signature requir	ed when reinstating)	DATE	
12.				13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☐ DEL	1.1 H	TLE			Change Addition	
NABIL HADDAD STREET ADDRESS TITO TAMPA, FL. 33615				NAME STREET ADDRESS		N/A		
CITY-ST 20 TAMPA, FL. 33615				1.4 CITY+ST-ZIP				

2.1 TITLE

2.2 NAME

3 1 TITLE

32 NAME

4.1 TITLE 4. 2 NAME

51 TITLE

52 NAME

6.1 TITLE 6.2 NAME

2.3 STREET ADDRESS

3.3 STREET ADDRESS 3.4. CITY-ST-ZIP

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

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2 4 CITY-ST-ZIP

64 CITY-ST-ZIP 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 eath; 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

TITLE

CITY-51

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NAME

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May 09 1997 8:00am

Secretary of State

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