

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

FILED

Mar 24 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 # P96000071539 (6)

1. Corporation Name
EXECUTIVE MOTORS, INC.



Principal Place of Business
POST OFFICE BOX 5082
FT LAUDERDALE FL 33310

Mailing Address
POST OFFICE BOX 5082
FT LAUDERDALE FL 33310-5082

3. Date Incorporated or Qualified 08/26/1996
3a. Date of Last Report

2. Principal Place of Business

21 15455-G W. Dixie Hwy.
Suite, Apt. #, etc.

2a. Mailing Address

26 15455-G W. Dixie Hwy.
Suite, Apt. #, etc.

4. FEI Number 65-0696299
Applied For
Not Applicable

22 City & State

23 N. Miami Beach, FL
Zip

27 City & State

28 N. Miami Beach, FL
Zip

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

24 33162 25 USA

29 33162 30 USA

9. Name and Address of Current Registered Agent

MREJEN, ARIE PA
8300 WEST OAKLAND PARK BLVD. STE 307
SUNRISE FL 33351

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83 401 W. Cypress Creek Rd
84 Suite 302
85 Zip Code
Ft Lauderdale FL 33309

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 accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE

[Signature]

ARIE MREJEN, ESQ.

1/2/97

(Signature required for change of registered agent and for all applications)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

1.1 TITLE ☐ DELETE
1.2 NAME DAUATE, DAVID
1.3 STREET ADDRESS POST OFFICE BOX 5082
1.4 CITY-ST-ZIP FT LAUDERDALE FL 33310
2.1 TITLE ☐ DELETE
2.2 NAME vD Michel Aouate
2.3 STREET ADDRESS 1000 Island Blvd. #1512
2.4 CITY-ST-ZIP N. Miami Beach, FL 33160
3.1 TITLE ☐ DELETE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE ☐ DELETE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE ☐ DELETE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE ☐ DELETE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PP ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS 14501 E. Country Club Dr. #505
1.4 CITY-ST-ZIP Aventura, FL 33180
2.1 TITLE ☐ Change ☒ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 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 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:

[Signature]

David Aouate

3/18/97

305-944-7300

(Signature and typed or printed name of signing officer or director)

Date

Daytime Phone #

0268433

CR2E034 (9/96)