Applied For

Not Applicable

\$8.75 Additional

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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT #	P97000015580
DOCCIVILIA II	

1. Corporation Name

CUSTOM:MODS:=AND:REBUILD,=INC.-

Principal Place of Business 16710 NE 9TH AVENUE #504 NORTH MIAMI BEACH FL 33162

2. Principal Place of Business

Suite, Apt. #, etc.

Mailing Address

2a. Mailing Address

Suite, Apt. #, etc.

16710 NE 9TH AVENUE #504 NORTH MIAMI BEACH FL 33162

FILED Apr 30, 1999 8:00 am Secretary of State

04-30-1999 90002 041 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

5. Certificate of Status Desired

02/14/1997

65-0726411

4. FEI Number

22		27							1 66	- Nequired
City & State	e		City & State		•		6. Election Campaign Financing		\$5.0)0 May Be
23		28					Trust Fund Contribution		Adde	ed to Fees
Zip	Country		Zip	'	Country		8. This corporation owes the cur	rent year Int		_/
24	25	29	·	30			Personal Property Tax.		☐ Yes	Mo
	9. Name and Address of Curre	nt Regist	ered Agent				10. Name and Address of New	Registered	Agent	_
					81	Name				
GARMAN, GUY 2840 NORTH SR 7					82	Street Add	dress (P.O. Box Number is Not Accept	able)		
HOL	LYWOOD FL 33021				83					
	·				84	Oth.			85 Z	Tip Code
					04	City		FL	. 65 7	ip code
office or re	to the provisions of Sections 607.05 egistered agent, or both, in the State m familiar with, and accept the oblig	e of Florid	a. Such change wa	as author	ized by 1	the corporat	poration submits this statement for the tion's board of directors. I hereby acce	purpose of pt the appoi	changing ntment as	its registered registered
SIGNATURE	Signature, typed or printed name of registered ag						ired when reinstating)	DATE		
12.	OFFICERS A		 		13.	· ognaturo radui	ADDITIONS/CHANGES TO O		ID DIREC	TORS IN 12
TITLE	D		DELETE		I.1 TITLE				☐ Chan	
NAME	MAYA, ARYE		_	1	2 NAME					
STREET ADDRESS	AND AND ADD AND MADE WEST	1			.3 STREET	ADDRESS				
	NORTH MIAMI BEACH FL 33162				1.4 CITY-ST-ZIP					
CITY-ST-ZIP	HOMITI MIRANI BEROTT E 30	IUL	☐ DELETE		1 TITLE				☐ Chan	ge Addition
NAME				į.	2.2 NAME					
					3 STREET	ADDRESS				
STREET ADORESS										
CITY-ST-ZIP			☐ DELETE		2. 4 CITY-S' 3.1 TITLE	1-ZIP	-		Chan	ge Addition
					3.2 NAME				_	,
NAME				1	-					
STREET ADDRESS					3.3 STREET					
CITY-ST-ZIP			[7] DELETE	_	3.4. CITY-S	T-ZIP			Chan	ge Addition
TITLE			☐ nere i e		I.S TITLE				L.J Onder	a. —
NAME					I. 2 NAME					
STREET ADDRESS					I.3 STREET	1				
CITY-ST-ZIP					I.4 CITY-ST	r-ZIP			Chan	ge Addition
TITLE			☐ DELETE	4	5.1 TITLE				□ c₁an	Ae The Voquiou
NAME				1	5.2 NAME					
STREET ADDRESS	•			I	3.3 STREET		•			
CITY-ST-ZIP					A CITY-ST	-ZIP				
TITLE			☐ DELETE		3.1 TITLE				Chan	ige 🛗 Addition
TITLE										
NAME				€	3.2 NAME					
					5.2 NAME 5.3 STREET	ADDRESS				

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 informati 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, with all other like empowered.