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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000037954 (9)

## FILED May 14 1998 8:00am Secretary of State

| 1. Corporati  | SKODA OF NORTH AMERI                              | CA, INC.                                |                         |                 |  |
|---|---|---|-------------------------|-----------------|--|
| Principal Pla   | ce of Business                                    | Mailing Address                         | ·                       |                 | T SOUTHER HID HERY COSTS |
| 248 NW LEJEUNE ROAD 248 NW LEJEUNE ROAD MIAMI FL 33126 MIAMI FL 33126   |   |   | 1                       |                 |  |
| WILLIAM I C C   | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,           | minmi 1 C 90120                         |                         |                 | DO NOT WRITE IN THIS SPACE   |
|   |   |   |                         |                 | 3. Date Incorporated or Qualified  |
|   |   |   |                         |                 | 04/29/1997   |
|   | Place of Business                                 | 2a. Mailing Address                     |                         |                 | 4. FEI Number Applied For Not Applicab   |
|   |   | 26                                      |                         |                 |  |
| 22  |   | Suite, Apt. #, etc.                     |                         |                 | 5. Certificate of Status Desired S8.75 Additional  |
| City & Sta  | te  | City & State                            |                         |                 | Fee Required   |
| 23  |   | 28                                      |                         |                 | 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees   |
| Zip   | Country   | Zip                                     | Country                 | ,               | 8. This corporation owes or has paid the current year Intangible   |
| 24  | 25  | 29                                      | 30                      |                 | Personal Property Tax due Jurie 30. Yes No   |
|   | 9. Name and Address of Curre                      |   | 11                      |                 | 10, Name and Address of New Registered Agent   |
| PE  | RROTTA, RENZO                                     |   | 81                      | Name            | ne e   |
| 248 NW LEJEUNE ROAD   |   |   | 82                      | Street          | et Address (P.O. Box Number is Not Acceptable)   |
| MIAMI FL 33126  |   |   |                         | 0               | A Matrices (1.0. Box Marrison to Mot Apocephiable)   |
|   |   |   | 83                      |                 |  |
|   |   | _                                       | 84                      | City            | <b>■■ 85</b> Zip Code  |
|   |   |   |                         | ,               | PL!!   |
| 11. Pursuant to the provisioned Sections 607.0502 and 607.1508 Florida Statutes, the above-named corporation submits this statement for the purpose of changing its re- office or registered agent. It both, Who State of Florida Such change was authorized by the corporation's board of directors, I hereby accept the appointment as recapent. I am amiliar with the accept the obligations of, Section 607.0505, Florida Statutes. |   |   |                         |                 |  |
| agent. I  | am amiliar with and accept the oblic              | jations of Section <b>607.0505</b> , FI | orida Statutes          | ine corp.<br>3. | provident's board of directors, it hereby accept the appointment as registered   |
| SIGNATURE   | Lot bodies (AL)                                   |   |                         |                 | 4/27/98  |
|   | Signature, type-1 or profed name of registered as |   |                         | nt signature    | ure required when reinstating) OATE  |
| TITLE   | PO OFFICERS AN                                    | ID DIFFICTORS  DELETE                   | 13.                     | <u>-</u>        | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  |
| NAME  | MUNOZ, MARIA T                                    | Zaolitti                                | 1.1 THTLE               |                 | PD Rogue Additio   |
| STREET ADDRESS  | 248 NW LEJEUNE ROAD                               |   | 1.2 NAME                | 1000000         | Munog Roque  |
| CITY-ST-ZIP   | MIAMI FL 33126                                    |   | 1.3 STREET              |                 | 2 y s NW. Lofeune Rol.<br>Mami FA. 33126   |
| TITLE   | VD  | DELETE                                  | 1.4 City-S<br>2.1 Title | I - ZIP         | Change Addition  |
| NAME  | MUNOZ, MARIA T                                    | Em become                               | 2.2 NAME                |                 | To change I wouldn   |
| STREET ADDRESS  | 248 NW LEJEUNE ROAD                               |   | 2.3 STREE1              | ANTIBLES        |  |
| CITY-ST-ZIP   | MIAMI FL 33126                                    |   | 2. 4 CITY-ST-ZIP        |                 | <b>,</b>   |
| TITLE   | TD  | DELETE                                  | 3.1 TITLE               | 11-215          | ☐ Change ☐ Additio   |
| NAME  | SOSA, LEO   |   | 3.2 NAME                |                 |  |
| STREET ADDRESS  | 248 NW LEJEUNE ROAD                               |   | 3.3 STREET              | ADDRESS         |  |
| CITY-ST-ZIP   | MIAMI FL 33128                                    |   | 3.4. CITY-S             | ī               |  |
| TITLE   | \$D   | DELETE                                  | 4.1 TITLE               |                 | Change Addition  |
| NAME  | PERROTTA, RENZO                                   |   | 4. 2 NAME               |                 |  |
| STREET ADDRESS  | 248 NW LEJEUNE ROAD                               |   | 4.3 STREET              | ADDRESS         |  |
| CITY-ST-ZIP   | MIAMI FL 33126                                    |   | 4.4 CITY - S1           |                 |  |
| TITLE   |   | ☐ DELETE                                | 5.1 TITLE               |                 | Change Addition  |
| NAME  |   |   | 5.2 NAME                |                 |  |
| STREET ADDRESS  |   |   | 5.3 STREET              | ADDRESS         | i <b>.</b>   |
| CITY-ST-ZIP   |   | 5.4 CITY-ST-ZIP                         |                         | I - ZIP         |  |
| TITLE   |   | DELETE                                  | 6.1 TITLE               |                 | ☐ Change ☐ Addition  |
| NAME  |   |   | 6.2 NAME                |                 |  |
| STREET ADDRESS  |   |   | 6.3 STREET              | ADDRESS         |  |
| CITY-ST-ZIP   | <u> </u>  |   | 64 CITY-ST              |                 |  |
| 14. I hereby  | certify that the information supplied w           | viti this filing does not quarty for    | or the exempt           | ion state       | ited in Section 119.07(3)(i), Florida Statutes. I further certify that the information   |

14. I hereby certify that the information supplied with this filing does not quality for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this annual report of supplemental annual report is frue and abcurate 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 of the exceptor or this tree entries the 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 all payment with the address.

CICNIATURE.

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Roma Parent. 4-21-58 (305)411-69.