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 #
1. Corporation Name P97000040319 (0)

MOTORCARS EXPRESS, INC

Principal Place of Business

Mailing Address

FILED Apr 27 1998 8:00am Secretary of State



9808 NW 80TH AVENUE. 10P HIALEAH GARDENS FL 33016			9608 NW 60TH AVENUE. 10P HIALEAH GARDENS FL 33016				DO NOT WRITE IN THIS	SPACE		
							3. Date Incorporated or Qualified 05/06/1997	-		
2. Principal Place of Business 21			2a. Mailing Address 26				4. FEI Number 65-0751506		opplied For lot Applicable	
Suite, Apt. #, etc.			Suite, Apt. #, etc.				5. Certificate of Status Desired	•	Additional Required	
	y & State		City & State				Election Campaign Financing Trust Fund Contribution Added to Fees			
Z ip 24		25 29 30				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No				
g, Name and Address of Current Registered Agent							10. Name and Address of New Registered	Agent		
DAWSON, MARIA CRISTINA					81	Name				
	3801 & OCE/ HOLLYWOOD			82	Street Ac	ddress (P.O. Box Number is Not Acceptable)				
					83					
<u> </u>					84	City	FL	85 Zip	Code	
11. Pi	irsuant to the provis	ions of Sections 607.0502 ent, or both, in the State	2 and 607.1508, Florida Statu of Florida, Such change was	ites, the ab	ove d by	named co	ornoration submite this statement for the nurnose s	d openaina	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.										
SIGNA		or printed name of registered ager	1 and title if applicable (NO	quired when reinstating) DATE						
12.		OFFICERS AND DIRECTORS 13					ADDITIONS/CHANGES TO OFFICERS AN	DIRECTO	RS IN 12	
TITLE	PD		☐ DELETE	1.1 TIT	LE	T		Change	Addition	
NAME		ON, MARIA CRISTINA	1.2		1.2 NAME					
STREET ADDRESS 3801 S OCEAN DR				1.3 STREET ADDRESS		ADDRES\$				
CITY-ST	.ZIP HOLLY	WOOD FL 33021		1.4 CITY - ST - ZIP		r- ZIP				
TITLE			☐ DELETE					Change	☐ Addition	
NAME				2.2 NAME						
STREET A	·· · ·			2.3 STREET ADDRESS					i	
CITY-ST- TITLE	-217		DELETE	DELETE 3.1 TITLE		T-ZIP		Change	Addition	
NAME			La Diceie	3.7 III				☐ Divinge	L Audillon	
STREET A	MARFESS					ADDRESS				
CITY-ST-	•				3.4. CITY-ST-ZIP					
TITLE		DELETE 4.11				-		Change	Addition	
NAME				4. 2 NA	ME			_ •		
STREET A	DORESS			4.3 ST	REET	ADDRESS				
CITY-ST-	ZIP			4.4 CIT	Y-ST	· ZIP				
TITLE	DELETE 5.11			5.1 TIT	LE			☐ Change	Addition	
NAME				5.2 NA	ME					
STREET A	DDRESS			5.3 STF	REET	ADDRESS				
CITY-\$T-				5.4 CIT	5.4 CITY - ST - ZIP					
TITLE			DELETE	ETE 61 TITLE				Change	☐ Addition	
NAME				6.2 NAI	ME					
STREET ADDRESS				6.3 STF	6.3 STREET ADDRESS					
CITY-ST-				6.4 CIT	Y-ST	- ZIP				

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 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.