Mar 01, 1999 8:00 am Secretary of State

03-01-1999 90204 014 ***150.00

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 # POZOCORSSS1

 Corporation 	JTOMOTIVE EXPORT DEA						
Principal Place	of Business	Mailing Address				I B B B B B B B B B B B B B B B B B B B	166 0 1 15 0 3 100)
16167 SW 138TI MIAMI FL 33177	H PLACE	16167 SW 138TH PLACE MIAMI FL 33177-1942					
					DO NOT WRITE IN THIS S	PACE	
					 Date Incorporated or Qualified 10/08/1997 		
2. Principal Pi	ace of Business	2a. Mailing Address	2a. Mailing Address		4. FEI Number 65-083 SC 50 APPLIED FOR	· ——	Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		
City & State	e	City & State			6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees		
Zip	Country	Zip	Cour	try	8. This corporation owes the current year Intangible Personal Property Tax.		
24	25 9. Name and Address of Curre	29 3	0		10. Name and Address of New Registered A		
	g. Name and Address of Cure	BIIL Negistered Agent		81 Name	10. 10.10 2114 (201000 01)10.10 10.00		
STRONG, BARBARA A CPA 3401 NW 202ND STREET MIAMI FL 33056-1722				32 Street Address (P.O. Box Number is Not Acceptable)			
				83			
			ŀ	84 City	FL	85 Zip C	ode
office or r	to the provisions of Sections 607.05 egistered agent, or both, in the Stat m familiar with, and accept the oblig	e of Florida. Such change was aut	honzed	by the comoral	poration submits this statement for the purpose of cl tion's board of directors. I hereby accept the appoint	nanging its ment as reg	registered pistered
SIGNATURE	Signature, typed or printed name of registered ag	- ANOTE: B	ocietared (cent signature requi	red when reinstating) DATE		
12.		AND DIRECTORS	13.	gent agnature requi	ADDITIONS/CHANGES TO OFFICERS AND	DIRECTO	RS IN 12
TITLE	PVD	☐ DELETE	1.1 TITL	E		☐ Change	Addition
NAME	RODRIGUEZ, ULISES		1.2 NA	Æ	·		1
STREET ADDRESS	16167 SW 138TH PLACE		1.3 STF	REET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33177-1942		1.4 CITY-ST-ZIP				
TITLE	☐ DELETE		2.1 TMLE			Change	☐ Addition
NAME			2.2 NA	ME			
STREET ADDRESS			2.3 STREET ADDRESS		•		}
CITY-ST-ZIP			2.4 CITY-ST-ZIP		<u> </u>	Change	Addition
TITLE	DELETE		3.1 TITLE		•	□ Ctianiãe	L Addition
NAME			3.2 NA	i			
STREET ADDRESS				REET ADDRESS			Ì
CITY-ST-ZIP		☐ DELETE	3.4. CIT	Y-ST-ZIP		☐ Change	Addition
TITLE			4.1 IIII	i		- ~ 9-	
NAME				ME REET ADDRESS			
STREET ADDRESS				Y-ST-ZIP			
CITY-ST-ZIP			4.4 011	1 01-20			

CITY-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, with all other like empowered.

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

□ DELETE

DELETE

Change

Change

☐ Addition

☐ Addition