

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

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

04-30-1999 90013 012 ***150.00

DOCUMENT # P98000063232

1. Corporation Name
EUROMOTOR AUTO SALES, INC.

Principal Place of Business
16231 NW 57TH AVE
MIAMI FL 33014

Mailing Address
16231 NW 57TH AVE
MIAMI FL 33014



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/17/1998

4. FEI Number

65-0857070

Applied For

Not Applicable

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 owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 9090 S. RIVER DRIVE

Suite, Apt. #, etc.

22 BAY #5

City & State

23 MEDLEY, FL.

Zip

24 33178

Country

25 U.S.

2a. Mailing Address

26 9090 S. RIVER DRIVE

Suite, Apt. #, etc.

27 BAY #5

City & State

28 MEDLEY, FL.

Zip

29 33178

Country

30 U.S.

9. Name and Address of Current Registered Agent

OLLET, CARLOS
16231 NW 57TH AVE
MIAMI FL 33014

10. Name and Address of New Registered Agent

81 Name

OLLET, CARLOS

82 Street Address (P.O. Box Number is Not Acceptable)

9090 S. RIVER DR.

83

BAY #5

84 City

MEDLEY

FL

85 Zip Code

33178

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

Carlos Ollet

CARLOS OLLET

4-20-99

DATE

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE PD ☒ DELETE
NAME ORTEGA, HECTOR
STREET ADDRESS 16231 NW 57TH AVE
CITY-ST-ZIP MIAMI FL 33014

TITLE VD ☒ DELETE
NAME OLLET, CARLOS
STREET ADDRESS 16231 NW 57TH AVE
CITY-ST-ZIP MIAMI FL 33014

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME P
1.3 STREET ADDRESS CARLOS OLLET
1.4 CITY-ST-ZIP 9090 S. RIVER DR. BAY #5
MEDLEY, FL. 33178

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 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.

SIGNATURE: *Carlos Ollet* SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/99

DATE

305 884 4942

DAYTIME PHONE #

CR2E034 (11/98)