

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  
May 13, 1999 8:00 am  
Secretary of State

05-13-1999 90024 012 \*\*\*150.00

DOCUMENT # P98000082375

1. Corporation Name

Bering Hyundai of Miami, Inc.

Principal Place of Business

Mailing Address

9500 SW 95 COURT  
MIAMI, FL 33176

SAME

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

9-22-98

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

Applied For

6767 NW 74 AVENUE

26 SAME

65-0869024

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

City & State

City & State

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

MIAMI, FL

28

Zip

Country

Zip

Country

33166

25 DAGE

29

30

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Corporation Service Company  
1201 HAYS STREET  
TALLAHASSEE, FL 32301

81 Name

Shlomo Ben-Tou

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

83

6767 NW 74 AVENUE

84 City

MIAMI

FL

85 Zip Code

33166

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4-23-99

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

☒ Change ☐ Addition

NAME SHLOMO BEN-TOU

STREET ADDRESS 9500 SW 95 COURT

CITY-ST-ZIP MIAMI, FL 33176

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS 6767 NW 74 AVENUE

1.4 CITY-ST-ZIP MIAMI, FL 33166

TITLE ☐ DELETE

☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

TITLE ☐ DELETE

☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

TITLE ☐ DELETE

☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

TITLE ☐ DELETE

☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

TITLE ☐ DELETE

☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

6.1 TITLE

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President

4-23-99

Date

(305) 863-0727

Daytime Phone #

CR2E034 (11/98)