## 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 # P98000086228

1. Corporation Name

## Apr 12, 1999 8:00 am Secretary of State 04-12-1999 90041 042 \*\*\*150.00

AMERICA	AN MOTOS,	CORP.									
Principal Place				failing Address							
16251 NW 57TH				3251 NW 57TH AVENUE IAMI FL 33014							
MIAMI FL 33014	•		M	IAMI FL 33014				DO NOT WRITE	IN THIS	SPACE	
Ļ								3. Date Incorporated or Qualifed			
\								10/05/1998			\
2. Principal Pl	lace of Business	· ·	26	a. Mailing Address				4. FEI Number		A	pplied For
21			26	]				45-087100	$\mathcal{O}$	N	ot Applicable
Suite, Apt.	#, etc.		1-0	Suite, Apt. #, etc.				a Continue of Status Desired		\$8.75	Additional
22		_	27					5. Certifcate of Status Desired		Fee R	equired
City & State	9			City & State				6. Election Campaign Financing		\$5.00	May Be
23			28					Trust Fund Contribution	<u> </u>	Added	to Fees
Zip		Country		Zip	Cour	try		8. This corporation owes the current	nt year int		_
24	. 25		29		30			Personal Property Tax.		☐ Yes	□No
	9. Name and	d Address of Curre	nt Regi	stered Agent				10. Name and Address of New Re	gistered	Agent	
PDO	OVC MADICO					31 Name	9				
	OKS, MARISO				ŀ	32 Stree	t Addre	ss (P.O. Box Number is Not Acceptab	ile)		
	1 NW 57TH A	VENUE									
, MIAN	/II FL 33014					33					
ľ					-	34 City				85 Zip	Code
						1 1			FL	.	
11. Pursuant i office or re agent. Far	to the provisions egistered agent, m familiar with,	of Sections 607.05 or both, in the State and accept the oblig	02 and e of Flor pations o	607.1508, Florida Statu ida. Such change was a f, Section 607.0505, Flo	es, the at uthorized rida Statu	ove-name by the cor es.	d corpo poration	ration submits this statement for the p n's board of directors. I hereby accept	urpose of the appoi	changing it ntment as r	s registered egistered
SIGNATURE	Classics bonders	detail some of excistored as	net and title	o if applicable (NOT)	· Registered	gent signatur	a required	when reinstating)	DATE		
	Signature, typed or p	rinted name of registered ac				gent signatur	e required	when reinstating)  ADDITIONS/CHANGES TO OFF	DATE	ID DIRECT	ORS IN 12
12.		orinted name of registered at OFFICERS A			: Registered 13.		e required	when reinstating) ADDITIONS/CHANGES TO OFFI		ID DIRECT	
12.	D	OFFICERS A		ECTORS	13.	E	e required				
12. TITLE NAME	D Brooks, M	OFFICERS A		ECTORS	13. 1.1 TIT 1.2 NA	E KE					
12. TITLE NAME STREET ADDRESS	D BROOKS, M 14844 BREC	OFFICERS A ARISOL KNESS PLACE		ECTORS	13. 1.1 TIT 1.2 NA 1.3 STI	E IE EET ADDRÉS					
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Brooks, M	OFFICERS A ARISOL KNESS PLACE		ECTORS	13. 1.1 TIT 1.2 NA 1.3 STI	E IE EET ADDRES 7-ST-ZIP					Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	D BROOKS, M 14844 BREC	OFFICERS A ARISOL KNESS PLACE		ECTORS DELETE	13. 1.1 TIT 1.2 NA 1.3 STI 1.4 CR	E IE EET ADORES '-ST-ZIP E				☐ Change	Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	D BROOKS, M 14844 BREC	OFFICERS A ARISOL KNESS PLACE		ECTORS DELETE	13. 1.1 TIT 12 NA 1.3 STI 1.4 CR 2.1 TIT 2.2 NA	E LE EET ADORES /-ST-ZIP E	S			☐ Change	Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	D BROOKS, M 14844 BREC MIAMI LAKE	OFFICERS A ARISOL KNESS PLACE S FL 33016		ECTORS DELETE	13. 1.1 TIT 12 NA 1.3 STI 1.4 CB 2.1 TIT 2.2 NA 2.3 STI	E  EET ADDRES  /- ST- ZIP  E  EET ADDRES	S			☐ Change	Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BROOKS, M 14844 BREC MIAMI LAKE	OFFICERS A ARISOL KNESS PLACE		ECTORS DELETE	13. 1.1 TIT 12 NA 1.3 STI 1.4 CB 2.1 TIT 2.2 NA 2.3 STI	E  EET ADDRES  /-ST-ZIP  E  EET ADDRES  Y-ST-ZIP	S			☐ Change	Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	D BROOKS, M 14844 BREC MIAMI LAKE	OFFICERS A ARISOL KNESS PLACE S FL 33016		ECTORS  DELETE  DELETE	13. 1.1 TIT 1.2 NA 1.3 STI 1.4 CB 2.1 TIT 2.2 NA 2.3 STI = 2.4 Cf	E EET ADDRES (-ST-ZIP E EET ADDRES Y-ST-ZIP E	S			☐ Change	Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	D BROOKS, M 14844 BREC MIAMI LAKE	OFFICERS A ARISOL KNESS PLACE S FL 33016		ECTORS  DELETE  DELETE	13. 1.1 TIT 12 NA 1.3 ST 1.4 CR 2.1 TIT 2.2 NA 2.3 STI 5. 2.4 CR 3.1 TIT 3.2 NA	E EET ADDRES (-ST-ZIP E EET ADDRES Y-ST-ZIP E	s s			☐ Change	Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	D BROOKS, M 14844 BREC MIAMI LAKE	OFFICERS A ARISOL KNESS PLACE S FL 33016		ECTORS  DELETE  DELETE	13. 1.1 TIT 12 NA 1.3 STI 1.4 CR 2.1 TIT 2.2 NA 2.3 STI 3.1 TIT 3.2 NA 3.3 STI	E EET ADDRES (-ST-ZIP E EET ADDRES EFT ADDRES Y-ST-ZIP E EET ADDRES	s s			☐ Change	Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BROOKS, M 14844 BREC MIAMI LAKE	OFFICERS A ARISOL KNESS PLACE S FL 33016		ECTORS  DELETE  DELETE	13. 1.1 TIT 12 NA 1.3 STI 1.4 CR 2.1 TIT 2.2 NA 2.3 STI 3.1 TIT 3.2 NA 3.3 STI	E EET ADDRES (-ST-ZIP EET ADDRES Y-ST-ZIP E EET ADDRES EET ADDRES Y-ST-ZIP V-ST-ZIP	s s			☐ Change	Addition  Addition  Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	D BROOKS, M 14844 BREC MIAMI LAKE	OFFICERS A ARISOL KNESS PLACE S FL 33016		ECTORS  DELETE  DELETE  DELETE	13. 1.1 TIT 12 NA 1.3 ST 1.4 CR 2.1 TIT 2.2 NA 2.3 ST 2.4 CR 3.1 TIT 3.2 NA 3.3 ST 3.4. CR 4.1 TIT	E EET ADDRES	s s			Change	Addition  Addition  Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	D BROOKS, M 14844 BREC MIAMI LAKE	OFFICERS A ARISOL KNESS PLACE S FL 33016		ECTORS  DELETE  DELETE  DELETE	13. 1.1 TIT 1.2 NA 1.3 STI 1.4 CFI 2.1 TIT 2.2 NA 2.3 STI 3.2 NA 3.3 STI 3.4 CFI 4.1 TIT 4.2 NA	E EET ADDRES (-ST-ZIP E HE EET ADDRES Y-ST-ZIP E HE EET ADDRES Y-ST-ZIP E HE EET ADDRES	S			Change	Addition  Addition  Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	D BROOKS, M 14844 BREC MIAMI LAKE	OFFICERS A ARISOL KNESS PLACE S FL 33016		ECTORS  DELETE  DELETE  DELETE	13. 1.1 TIT 1.2 NA 1.3 STI 1.4 CFI 2.1 TIT 2.2 NA 2.3 STI 3.2 TIT 3.2 NA 3.3 STI 3.4 CFI 4.1 TIT 4.2 NA 4.3 STI	E EET ADDRES (-ST-ZIP E EET ADDRES Y-ST-ZIP E EET ADDRES E EET ADDRES Y-ST-ZIP E E EET ADDRES	S			Change	Addition  Addition  Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BROOKS, M 14844 BREC MIAMI LAKE	OFFICERS A ARISOL KNESS PLACE S FL 33016		ECTORS  DELETE  DELETE  DELETE	13. 1.1 TIT 1.2 NA 1.3 STI 1.4 CFI 2.1 TIT 2.2 NA 2.3 STI 3.2 TIT 3.2 NA 3.3 STI 3.4 CFI 4.1 TIT 4.2 NA 4.3 STI	E EET ADDRES	S			Change	Addition Addition Addition Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE TITLE TITLE TITLE	D BROOKS, M 14844 BREC MIAMI LAKE	OFFICERS A ARISOL KNESS PLACE S FL 33016		DELETE  DELETE  DELETE	13. 1.1 TIT 12 NA 1.3 STI 1.4 CR 2.1 TIT 2.2 NA 2.3 STI 3.2 NA 3.3 STI 3.4. Cr 4.1 TIT 4.2 NA 4.3 STI 4.4 CR	E EET ADDRES	S			Change Change Change	Addition  Addition  Addition  Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	D BROOKS, M 14844 BREC MIAMI LAKE	OFFICERS A ARISOL KNESS PLACE S FL 33016		DELETE  DELETE  DELETE	13. 1.1 TIT 1.2 NA 1.3 STI 1.4 CFI 2.1 TIT 2.2 NA 2.3 STI 3.1 TIT 3.2 NA 3.3 STI 3.4 CFI 4.1 TIT 4.2 NV 4.3 STI 4.4 CFI 5.1 TIT 5.2 NA	E EET ADDRES	s			Change Change Change	Addition  Addition  Addition  Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	D BROOKS, M 14844 BREC MIAMI LAKE	OFFICERS A ARISOL KNESS PLACE S FL 33016		DELETE  DELETE  DELETE	13. 1.1 TIT 1.2 NA 1.3 STI 1.4 CFI 2.1 TIT 2.2 NA 2.3 STI 3.1 TIT 3.2 NA 3.3 STI 4.1 TIT 4.2 NA 4.3 STI 4.4 CFI 5.1 TIT 5.2 NA 5.3 ST	E EET ADDRES (-ST-ZIP E EET ADDRES Y-ST-ZIP E EET ADDRES Y-ST-ZIP E EET ADDRES (-ST-ZIP E EET ADDRES (-ST-ZIP E	s			Change Change Change	Addition  Addition  Addition  Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	D BROOKS, M 14844 BREC MIAMI LAKE	OFFICERS A ARISOL KNESS PLACE S FL 33016		DELETE  DELETE  DELETE	13. 1.1 TIT 1.2 NA 1.3 STI 1.4 CFI 2.1 TIT 2.2 NA 2.3 STI 3.1 TIT 3.2 NA 3.3 STI 4.1 TIT 4.2 NA 4.3 STI 4.4 CFI 5.1 TIT 5.2 NA 5.3 ST	E EET ADDRES	s			Change Change Change	Addition Addition Addition Addition

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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

<b>SIGNATURE</b>
------------------

STREET ADDRESS

CITY-ST-ZIP