

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 # P98000092142**

1. Corporation Name

**FLORIDA CAR TRANSMISSION LOCK, INC.**

Principal Place of Business

**671 N.E. 195 STREET SUITE 307  
N. MIAMI BEACH FL 33179**

Mailing Address

**671 N.E. 195 STREET SUITE 307  
N. MIAMI BEACH FL 33179**

**FILED**  
**Mar 01, 1999 8:00 am**  
**Secretary of State**

03-01-1999 90071 048 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**10/29/1998**

4. FEI Number

**65-0875102**

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

2a. Mailing Address

**21 7229 NW 79th Terrace**

Suite, Apt. #, etc.

**22 MIAMI, FLORIDA**

City & State

**23 33166 U.S.A.**

Zip

Country

**24**

**25**

**29**

**30**

9. Name and Address of Current Registered Agent

**GENKIN, ABRAHAM  
671 N.E. 195 STREET SUITE 307  
N. MIAMI BEACH FL 33179**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

**FL**

85 Zip Code

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)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

**NAME ALFON, JOSE  
STREET ADDRESS 671 N.E. 195 STREET SUITE 307  
CITY-ST-ZIP N. MIAMI BEACH FL 33179**

TITLE ☐ DELETE

**NAME TAL OR, AMNON  
STREET ADDRESS 671 N.E. 195 STREET SUITE 307  
CITY-ST-ZIP N. MIAMI BEACH FL 33179**

TITLE ☐ DELETE

**NAME MARTINEZ, RICARDO S  
STREET ADDRESS 671 N.E. 195 STREET SUITE 307  
CITY-ST-ZIP N. MIAMI BEACH FL 33179**

TITLE ☐ DELETE

**NAME GENKIN, ABRAHAM  
STREET ADDRESS 671 N.E. 195 STREET SUITE 307  
CITY-ST-ZIP N. MIAMI BEACH FL 33179**

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

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)