

**FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00**

025328

**PROFIT CORPORATION ANNUAL REPORT 1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

99 JUL 23 PM 2:40

**DOCUMENT # P98000093136**

1. Corporation Name  
**993 CUP CAR CORP.**



Principal Place of Business <b>C/O UNITED CORPORATE SERVICES, INC. 801 N.E. 167TH ST., STE. 300 MIAMI BEACH FL 33162</b>	Mailing Address <b>C/O UNITED CORPORATE SERVICES, INC. 801 N.E. 167TH ST., STE. 300 MIAMI BEACH FL 33162</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24	2a. Mailing Address 26 720 FIFTH AVENUE 27 14th Floor 28 NEW YORK NY 29 10019 30
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3. Date Incorporated or Qualified <b>11/03/1998</b>	4. FEI Number <b>13-4055698</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required <b>\$5.00</b> May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

9. Name and Address of Current Registered Agent  
**UNITED CORPORATE SERVICES, INC.  
801 N.E. 167TH ST., STE. 300  
MIAMI BEACH FL 33162**

10. Name and Address of New Registered Agent  
81 Name **UNITED CORPORATE SERVICES, INC.**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**4200 S DADELAND BLVD STE 508**  
83  
84 City **MIAMI** FL 85 Zip Code **33156**

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 *Michael A. Barr* Pres-United Corporate Services, Inc. 1/29/99 DATE

12. OFFICERS AND DIRECTORS

TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	<b>PRESIDENT</b>
13 STREET ADDRESS	<b>MARC DILORENZO</b>
14 CITY-ST-ZIP	<b>720 FIFTH AVENUE 14th Floor</b>
21 TITLE	
22 NAME	<b>300002948523-9</b>
23 STREET ADDRESS	<b>-08/03/99--01020--005</b>
24 CITY-ST-ZIP	<b>***150.00 ***150.00</b>
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	<b>\$07/30</b>
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 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 of 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: *Michael A. Barr* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
4/29/1999 (212) 397-7012 Date Daytime Phone #

CR2E034 (1/1/98)