

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 # P98000093136

1. Corporation Name
993 CUP CAR CORP.

Principal Place of Business
C/O UNITED CORPORATE SERVICES, INC.
801 N.E. 167TH ST., STE. 300
MIAMI BEACH FL 33162

Mailing Address
C/O UNITED CORPORATE SERVICES, INC.
801 N.E. 167TH ST., STE. 300
MIAMI BEACH FL 33162

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
99 JUL 23 PM 2:40



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 720 FIFTH AVENUE

23 City & State

27 City & State

24 Zip Country

29 Zip Country

3. Date Incorporated or Qualified

11/03/1998

4. FEI Number

13-4055698

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

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

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
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE PRESIDENT
12 NAME MARC DILORENZO
13 STREET ADDRESS 720 FIFTH AVENUE 14th Floor
14 CITY-ST-ZIP NEW YORK NY 10019

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP
300002948523-9
-08/03/99--01020--005
****150.00 ****150.00

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

61 TITLE
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/1999 (112) 397-7012

Date

Daytime Phone #

CR2E034 (11/98)