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 # P98000099357)

1. Corporation Name

Principal Place of Business

GABLES SPORTSCARS, INC.

•	rinapar i	H400 .	J. U.J.	JII 100	•	
	2390	NW	96	th	Aven	ue
•	Miami	i . E	71	33	3172	

Mailing Address

2390 NW 96th Avenue Miami, Fl 33172

FILED May 17, 1999 8:00 am Secretary of State

05-17-1999 90061 015 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualifed 11/30/1998

2 Principal C	Place of Rusiness	2a. Mailing Address			4. FEI Number		plied For			
2. Principal Place of Business				65-0914419		t Applicable				
Suite Ant	# atc	Suite Apt # etc			1 05 07.77.7					
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 A					
		27				Fee Re	<u></u>			
City & State City & State					6. Election Campaign Financing \$5.00 May Be					
23 28					Trust Fund Contribution	Added t	o Fees			
Zip	Country	Zip	Country	٠ -	8. This corporation owes the current year		_			
24	25	29	30		Personal Property Tax.	∑SiYes	□No			
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Registers	ed Agent				
				Name						
JIMMY PFLUCKER					(0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0					
3631 Estepona Avenue				82 Street Address (P.O. Box Number is Not Acceptable)						
			83	83						
MIAM1	i, Fl 33178									
1 11				City	FL 85 Zip Code					
11. Pursuant	t to the provisions of Segions 607.0502	and 607.1508, Florida Statut	es, the abov	e-named o	corporation submits this statement for the purpose	of changing its	registered			
office or i	registered agent, of bloth, in the State of am familiar with, and accept the obligation	t Florida. Such change was a ons of, Section 607,0505. Flo	uthorized by	the corpo	corporation submits this statement for the purpose pration's board of directors. I hereby accept the app	oointment as reg	pistered			
1	/ VIII			-	14/7	1/0.70				
SIGNATURE	Signature, regard or practice name of registered agent a	and title if applicable (N/)TE	Registered Ann	ni signature re	aguired when reinstating) DATE	/ / 5				
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	RS IN 12			
TITLE	P	DELETE	1.1 TITLE			Change	☐ Addition			
NAME	TTMMY DELUCYED		1.2 NAME							
2621 E-hanne Augnus					• .		Ì			
Micani E1 22179			1	TADDRESS						
	Miami, F1 33178		1.4 CITY- S	T-ZIP	·					
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CITY-ST-ZIP]		2.4 CITY-S	T-ZIP						
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	1			ADDRESS		•	Ì			
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TITLE		☐ DELETE	5.1 TITLE			Change	Addition			
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, STREET ADDRESS			5.3 STREET	ADDRESS			1			
CITY-ST-ZIP		,	5.4 CITY-S	1			[
TITLE		☐ DELETE	6.1 TITLE	-		☐ Change	Addition			
NAME	<u> </u>	T DETELE		ļ		criange				
	·		6.2 NAME							
STREET ADDRESS	1		6.3 STREET	ADDRESS	•		1			
CITY-ST-ZIP	1/ //	/	64 CITY ST	r. 71P	t i		1			

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 repei/er 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 op an arganizent with an address, with all other like empowered.

SIGNATURE