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PROFIT
CORPORATION
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996 4-18-96

B-3834

C

DOCUMENT # S56520

(7)

1. Corporation Name

AUTO MOTIVE MACHINE, INC.

Principal Place of Business

801 BRICKELL AVE
14TH FLOOR
MIAMI FL 33131

Mailing Address

801 BRICKELL AVE
14TH FLOOR
MIAMI FL 33131

2. Principal Place of Business

2a. Mailing Address

21 12121 NW 7 Ave

26 12121 NW 7 Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 N. Miami, FL

28 N. Miami, FL

Zip

Country

Zip

Country

24 33168

25 USA

29 33168

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MOORE, JAMES W
801 BRICKELL AVE
14TH FLOOR
MIAMI FL 33131

81 Name

JAMES W MOORE

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

700 NE 90ST

83 Suite B

84 City

MIAMI

FL

85 Zip Code

33138

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE

NAME MOORE, RICHARD C
STREET ADDRESS 801 BRICKELL AVE 14TH FL
CITY-ST-ZIP MIAMI FL

1.1 TITLE D ☒ Change ☐ Addition

1.2 NAME MOORE, RICHARD C
1.3 STREET ADDRESS 700 NE 90ST Suite B
1.4 CITY-ST-ZIP MIAMI, FL 33138

TITLE ST ☐ DELETE

NAME MOORE, CLAUDIA B
STREET ADDRESS 801 BRICKELL AVE 14 FL
CITY-ST-ZIP MIAMI FL

2.1 TITLE ST ☒ Change ☐ Addition

2.2 NAME MOORE, CLAUDIA B
2.3 STREET ADDRESS 700 NE 90ST Suite B
2.4 CITY-ST-ZIP MIAMI, FL 33138

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

Claudia B Moore, Secretary

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

305 688-8400

Daytime Phone #

CR2E034 (12/95)