

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

**CORPORATION  
ANNUAL REPORT  
1995**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # S73953 (9)**

1. Corporation Name

**O & H AUTO CENTER INC.**

**FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS**

**95 APR 10 PM 2:18**

Principal Place of Business

**12440 W. DIXIE HWY.  
N. MIAMI FL 33161**

Mailing Address

**12440 W. DIXIE HWY.  
N. MIAMI FL 33161**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

**08/19/1991**

3a. Date of Last Report

**04/18/1994**

4. FEI Number

**65-0286160**

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 has liability for intangible tax under S. 199.032,  
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

**21 Suite, Apt. #, etc.**

**22 City & State**

**23 Zip**

**24 Country**

**25**

2a. Mailing Address

**26 Suite, Apt. #, etc.**

**27 City & State**

**28 Zip**

**29 Country**

**30**

9. Name and Address of Current Registered Agent

**ZVI, OFER  
12440 W. DIXIE HWY  
N. MIAMI FL 33161**

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 reconstituting)

DATE

12. OFFICERS AND DIRECTORS

**TITLE PD  
NAME OZI, OFER  
STREET ADDRESS 12440 W. DIXIE HWY  
CITY - ST - ZIP N. MIAMI FL**

**TITLE TDZ  
NAME VI, HADAS  
STREET ADDRESS 12440 W. DIXIE HWY  
CITY - ST - ZIP N. MIAMI FL**

**TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP**

**TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP**

**TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP**

**TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

**11 TITLE** ☐ Change ☐ Addition  
**12 NAME**  
**13 STREET ADDRESS**  
**14 CITY - ST - ZIP**

**21 TITLE** ☐ Change ☐ Addition  
**22 NAME**  
**23 STREET ADDRESS**  
**24 CITY - ST - ZIP**

**31 TITLE** ☐ Change ☐ Addition  
**32 NAME**  
**33 STREET ADDRESS**  
**34 CITY - ST - ZIP**

**41 TITLE** ☐ Change ☐ Addition  
**42 NAME**  
**43 STREET ADDRESS**  
**44 CITY - ST - ZIP**

**51 TITLE** ☐ Change ☐ Addition  
**52 NAME**  
**53 STREET ADDRESS**  
**54 CITY - ST - ZIP**

**61 TITLE** ☐ Change ☐ Addition  
**62 NAME**  
**63 STREET ADDRESS**  
**64 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 110.07(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:**

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Corporate Filings &

**4/4/95 3058933254**