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

PROFIT CORPORATION ANNUAL REPORT



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

1996

DOCUI	MENT # S7947 2	2 (4)					
.,	NOTORS CORP.						
Principal Place	e of Business	Mailing Address			A HORINGIA EU KARAN KANN ARRIY YAREN	INDI DIDIA BIBIT DADAL I	IION ONDIN DIBIR SOOI
3754 N.W. 5 MIAMI FL 33	- · · ·	3754 N.W. 54 ST. MIAMI FL 33142					
US US	1172	US				~	
					3. Date Incorporated or Qualified 09/10/1991	3a. Date of Las 03/17/	
	Principal Place of Business 2a. Mailing Address				4. FEI Number		Applied For
Suite, Apt. #, etc.		26 Suite Apt # etc	Suite, Apt. #, etc.				Not Applicable
22		27	<u>-</u>		5. Certificate of Status Desired		.75 Additional ee Required
City & State		City & State	 1 '		6. Election Campaign Financing	\$5	.00 May Be
Zip	Country	28 Zip	Country	,	Trust Fund Contribution 8. This corporation has liability for in	A	ded to Fees
24	25 29 30		30		Florida Statutes Yes No		я s 199.002,
	9. Name and Address of Curren	t Registered Agent			10. Name and Address of New Ri	egistered Agent	
BARRIA	NAPA HELLE		81	Name			
RODRIGUEZ, JUAN E. 80 SOUTHWEST 8TH STREET			82	Street Addr	ess (P.O. Box Number is Not Acceptabl	е)	
SUITE 2550			83	 			
	L 33130		84	City		loc l	Zio Codo
				} ``		FL 85	Zip Code
or register familiar wi	red agent, or both, in the State of Florid th, and accept the obligations of, Section	and 607.1508, Florida Statu la. Such change was authori on 607.0505, Florida Statute	ites, the above- ized by the corp es.	named corpor oration's boar	ation submits this statement for the purp rd of directors. Thereby accept the appo	oose of changing i sintment as registe	its registered office ired agent. I am
	Signature, typod or printed name of registered agent and little if applicable. (NOTE: Registered Agent signature)					DATE	
12. TITLE	OFFICERS AND	OFFICERS AND DIRECTORS		 1	ADDITIONS/CHANGES TO OFFIC	· · · · · · · · · · · · · · · · · · ·	
NAME	QUEVEDO, ELOY					☐ Chan	ge 🗌 Addition
STREET ADDRESS	40444 GILL 440LID OPPOPER		1.2 NAME 1.3 STREET	ADDRESS			
CITY-ST-ZIP	MIAMI FL		1.4 CiTY - S	ST - ZIP			
TITLE	D DEFEIE		2 1 TITLE]		☐ Chan	ge 🔲 Addition
NAME STREET ADDRESS	AMADOR, JOSE LUIS 11201 N.W. 7TH ST. #106		2 2 NAME				
CITY-ST-ZIP	MIAMI FL.		2.3 STREET 2.4 City-5				
TITLE		DELETE 3.1		/ * * * * * * * * * * * * * * * * * * *		☐ Chan	ge Addition
NAME		3.					
STREET ADDRESS			3.3 STREE	T ADORESS			
CITY-ST-ZIP TITLE		DELETE	3.4 CITY - 9	ST-ZIP		Chan	on C Addition
NAME		Detere	4. 1 TITLE 4.2 NAME			Chan	ge Addition
STREET ADDRESS			4.3 STREET ADDRESS				
CITY-ST-ZIP			4.4 CITY - S				
TITLE		DELETE	5. 1 TITLE			Chang	ge 🔲 Addition
NAME			5 2 NAME				
STREET ADDRESS			53 STREET				
C/TY-ST-ZIP TITLE			5.4 CHY - S 6.1 THILE	it - ZIP		☐ Chan	ge 🗍 Addition
NAME		LJ ******	62 NAME			C Outside	84 Nontroll
STREET ADDRESS			6.3 STREET	ADDRESS			ļ
CITY-ST-ZIP			64 Dity-S	J			

14. If 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 logal 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 12 if changed, or on an attachment with an address.

SIGNATURE: ELLY LLICENSE ELLOY QUE VESO 3/1/96 (301) 635-1010