~~SECOND~~ NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 10, 1994.
AMOUNT DUE ON OR BEFORE 8/10/94: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

CORPORATION ANNUAL REPORT ~~1994~~ 96

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S94801 (5)

1. Corporation Name
NORTH AMERICAN AUTO EXPORTS, INC
5001 aberdeen ct
tampa fl 33624

Mailing Address
P.O.BOX 274064
TAMPA, FL 33688

Principal Place of Business
5001 ABERDEEN CT
TAMPA, FL 33624

If above addresses are incorrect in any way, line through incorrect information and enter correction below

2. Mailing Address	2a. Principal Place of Business
21 P.O. Box 274064	26 938-A East 124th Ave
22 Suite, Apt #, etc	27 Suite, Apt #, etc
23 City & State: Tampa, FL	28 City & State: Tampa, FL
24 Zip: 33688 / 25 Country: USA	29 Zip: 33612 / 30 Country: USA

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/18/1991
3a. Date of Last Report: 07/30/~~1993~~ 95
4. FEI Number: 59-3097348
5. Certificate of Status Desired: $8.75 Additional Fee Required ☐
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐
8. This corporation has liability for intangible tax under S... Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
TAMARI, SULEIMAN Y.
13213 N. NEBRASKA A
TAMPA, FL 33612

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 or Sections 617.0502 and 617.1508, 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 or 617.0505, Florida Statutes.

SIGNATURE ______
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	D	1.1 TITLE	SULEIMAN Y. TAMARI
1.2 NAME	TAMARI SULEIMAN Y.	1.2 NAME	5001 ABERDEEN CT
1.3 STREET ADDRESS	13213 N. NEBRASKA A	1.3 STREET ADDRESS	TAMPA, FL 33624
1.4 CITY-ST-ZIP	TAMPA, FL 33612	1.4 CITY-ST-ZIP	
2.1 TITLE		2.1 TITLE	
2.2 NAME		2.2 NAME	
2.3 STREET ADDRESS		2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP		2.4 CITY-ST-ZIP	
3.1 TITLE		3.1 TITLE	
3.2 NAME		3.2 NAME	
3.3 STREET ADDRESS		3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP		3.4 CITY-ST-ZIP	
4.1 TITLE		4.1 TITLE	
4.2 NAME		4.2 NAME	
4.3 STREET ADDRESS		4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP		4.4 CITY-ST-ZIP	
5.1 TITLE		5.1 TITLE	
5.2 NAME		5.2 NAME	
5.3 STREET ADDRESS		5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP		5.4 CITY-ST-ZIP	
6.1 TITLE		6.1 TITLE	800001920428
6.2 NAME		6.2 NAME	-08/13/96--01107--039
6.3 STREET ADDRESS		6.3 STREET ADDRESS	***225.00
6.4 CITY-ST-ZIP		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, 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 or Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: ______ SULEIMAN TAMARI 8-7-96 ~~7-28-94~~ (813) 962-3775 ~~977-2055~~

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05 8/13/96