PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **V61879**

1. Corporation Name

PATERSON MOTORS & EXPORT CO. INC.

Principal Place of Business

Mailing Address

May 07, 1999 8:00 am Secretary of State

05-07-1999 90149 049 ***150.00



15950 N.W. 83 AVE. MIAMI FL 33016		15950 N.W. 83 AVE. MIAMI FL 33016		DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed	
				09/03/1992	
2. Principal Pl	ace of Business	2a. Mailing Address		4 FEI Number	Applied For
21 474	#, etc.	1926 4747 HO	LLYOUSE	65-0354243	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	FLONIDA	5. Certifcate of Status Desired	\$8.75 Additional Fee Required
City & State	#, etc. 4 4 4 60 1	City & State 28 33-2 (US4	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country 25	Zip3(Country		Yes 🗆 No
	9. Name and Address of Current	Registered Agent		10. Name and Address of New Registered A	gent
DDO	INATED IDAIDA		81 Name	OUWER TRAIDA	1
BROUWER, IRAIDA				et Address (P.O. Box Number is Not Acceptable)	
15950 N.W. 83 AVE. MIAMI FL 33016				47 HOLLYWOOD BO	
MIAMI FL 33016					
			84 City /- 4	EDZLYWSO 9 FL	85 Zip Code 33 > 2 (
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		egistered Agent signature requ	uired when reinstating) DATE	
12.	OFFICERS ANI		13.	ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS IN 12
TITLE	D	Z DELETE	1.1 TITLE	JARA PABLOR	Change Addition
NAME	JARA, PABLO R.		1.2 NAME	JAKK PASES	01110
STREET ADDRESS	15950 N.W. 83 AVE.		1.3 STREET ADDRESS	HOLLY WOOD PL 330	200
CITY-ST-ZIP	MIAMI FL		1.4 CITY-ST-ZIP	HOLLYWOOD FL 330	
TITLE	D		2.1 TITLE		
NAME	Jara, Stuart		2.2 NAME	STURA PENE	EJANA
STREET ADDRESS	15950 N.W. 83 AVE.		2.3 STREET ADDRESS	HOLLY WOOD PL 33	200 4
CITY-ST-ZIP	MIAMI FL		2. 4 CfTY-ST-ZIP	HOLLY WOOD PL 33	32/
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		{
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY-ST-ZIP		Closes Cladition
TITLE		☐ DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			53 STREET ADDRESS		1
CITY-ST-ZIP		——————————————————————————————————————	5.4 CITY-ST-ZIP 6.1 TITLE		Change Addition
TITLE	• •	☐ DELETE			☐ Cuange ☐ Addition
NAME	•		6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
	I.		= PACITY OF 73D		

14. 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 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, with all other like empowered.

45 SECURRABLO SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR