FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED May 08, 2002 8:00 am Secretary of State

DOCUMENT # 1. Entity Name 366683				05-08-2002 90136 048 ***150.00	
Tropical Chevrolet,	Inc.				
DO NOT WRITE		PACE			
		AOL			
2. Principal Place of Business					
8880 Biscayne Blvd. Suite, Apt. #, etc.	1vd. 8880 Biscayne Blvd. Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE	
City & State City & State Miami, FL Miami, FL			4.	FEI Number 5 9 1 2 9 7 4 9 7	Applied For
Zip Country 3 3 1 3 8 - 0 3 4 3 USA	Zip			5. Certificate of Status Desired Status Desired Status Desired Fee Required	
	133130-0343	L	7. N	ame and Address of Current Registered	
		Name Fe	rdie	e, Ainslee R.	
DO NOT WRITE			Street Address (P.O. Box Number, is Not Acceptable). 717 Ponce De LeonBlvd.		
IN THIS SI	S-215		JO HOURDING.		
	City	City Zip Code			
• The shows period artifus submits this seasons as				10162	33134
8. The above named entity submits this statement f	or the purpose or changing its re	egisterea office or regis	terec aç	gent, or both, in the State of Florida.	
SIGNATURE Signature, typed or printed name of registered agen	t and little if applicable. (NOTE:	Registered Agent signature requ	red when a	einstating) DATE	
This corporation is eligible to satisfy its Intangible		y 1 Fee is \$150.00			•
		, Fee is \$550.00 UBR is \$61.25 e to Department of S	tate	10. Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees
11. OFFICERS AND					
THE PD		TITLE ·			
NAME Wildstein, Larry	NAME STREET ADDRESS				
STREET ADDRESS 8880 Biscayne Bl	CITY-ST-ZIP				
TITLE S	TITLE				
NAME Wildstein, Diane	NAME				
STREET ADDRESS 8880 Biscayne B1	STREET ADDRESS				
CITY-ST-ZIP Miami, FI. 33138 CITY-ST-ZIP					
NAME Wildstein, Ian	TITLE NAME				
STREET ADDRESS 8880 Biscayne B1	STREET ADDRESS		DO NOT WOL		
CITY-ST-ZIP Miami, FL 33138	CITY-ST-ZIP	DO NOT WRITE			
TITLE		TITLE		IN THIS SPACE	`F
NAME Street Address		NAME		III IIIO OI AC	,
CITY-ST-ZIP		STREET ADDRESS CITY+ST+ZIP			
TITLE		TITLE			
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STREET ADDRESS		STREET ADORESS			
CITY - ST - ZIP		C(TY-ST-ZIP			
TITLE NAME		TITLE			
NAME STREET ADDRESS	NAME STREET ADDRESS				
CITY-ST-ZIP		CITY-ST-ZIP			j
13. I hereby certify that the information supplied with	this filing does not qualify for th		Section	119.07(3)(i), Florida Statutes, I further certi	fy that the information
13. I hereby certify that the information supplied with indicated on this report or supplemental report is of the corporation or the receiver or trustee em	s true and accurate and that my	signature shall have the	same	legal effect as if made under oath; that I ar	n an officer or director

ARRY WILDSTEIN-PRES. 4-29-02 305-754-755/