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Mar 05 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N11621 (2)

1. Corporation Name

METRO-DADE AUTO TAG ASSOCIATION, INC.



Principal Place of Business

Mailing Address

401 NE 167 ST
NORTH MIAMI BEACH FL 33162
US401 NE 167 ST
NORTH MIAMI BEACH FL 33162-3900
US

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 1142 So. Federal Hwy
Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

Country

28 Zip

Country

3. Date Incorporated or Qualified
10/16/19853a. Date of Last Report
04/08/19964. FEI Number
59-2601784Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

OKO, RALPH N.

401 NE 167 ST

NO MIAMI BEACH FL 33162

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83 1142 So. Federal Hwy

84 City
FT. LAUDERDALE85 Zip Code
FL 33316

11. Pursuant to the provisions of 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE
NAME SOROSKY, EUGENE E.
STREET ADDRESS 1375 NW 36TH STREET
CITY-ST-ZIP MIAMI FLTITLE PD ☐ DELETE
NAME OKO, RALPH N.
STREET ADDRESS 401 NE 167 ST
CITY-ST-ZIP NO. MIAMI BEACH FLTITLE TD ☐ DELETE
NAME HOLEMAN, MARY M
STREET ADDRESS 12935 W DIXIE HWY
CITY-ST-ZIP N MIAMI FLTITLE VD ☐ DELETE
NAME COLE, PAC
STREET ADDRESS 11287 S DIXIE HWY
CITY-ST-ZIP MIAMI FLTITLE VD ☐ DELETE
NAME COWART, LON
STREET ADDRESS 20-B WEST 49TH ST.
CITY-ST-ZIP HIALEAH FLTITLE SD ☐ DELETE
NAME FERRAND, MARY
STREET ADDRESS 30708 S FEDERAL HWY
CITY-ST-ZIP HOMESTEAD FL1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP2.1 TITLE ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS 1142 So. Federal Hwy
2.4 CITY-ST-ZIP FT. LAUDERDALE FL 333163.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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 617, 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 TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0031799

CR2E037 (9/96)