

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

09-14-1999 90002 020 ***150.00
 FILE # 998000032769
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 99 SEP 21 AM 10:48

DOCUMENT #

Corporation Name
R & S WHOLESALE AUTO BROKERS, INC.
 998000032769

Principal Place of Business Mailing Address
1955 NE 149 ST.
N. MIAMI, FL 33181

DO NOT WRITE IN THIS SPACE

Principal Place of Business 2a. Mailing Address
 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
 City & State 27 City & State
 Zip 28 Country 29 Zip 30 Country

3. Date Incorporated or Qualified
5/12/98.
 4. FEI Number
65-0827477
 Applied For Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required
 6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
 8. This corporation owes the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent
ANGELO TARANTO
3922 NE 166 ST.
N. MIAMI BEACH, FL 33160

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

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 *Angelo Taranto* **ANGELO TARANTO - PRESIDENT** 9/9/99
 Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11. NAME	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. STREET ADDRESS		1.2 NAME	
13. CITY-STATE-ZIP		1.3 STREET ADDRESS	
14. CITY-STATE-ZIP		1.4 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
21. NAME	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22. STREET ADDRESS		2.2 NAME	
23. CITY-STATE-ZIP		2.3 STREET ADDRESS	
24. CITY-STATE-ZIP		2.4 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
31. NAME	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32. STREET ADDRESS		3.2 NAME	
33. CITY-STATE-ZIP		3.3 STREET ADDRESS	
34. CITY-STATE-ZIP		3.4 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
41. NAME	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42. STREET ADDRESS		4.2 NAME	
43. CITY-STATE-ZIP		4.3 STREET ADDRESS	
44. CITY-STATE-ZIP		4.4 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
51. NAME	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52. STREET ADDRESS		5.2 NAME	
53. CITY-STATE-ZIP		5.3 STREET ADDRESS	
54. CITY-STATE-ZIP		5.4 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
61. NAME	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62. STREET ADDRESS		6.2 NAME	
63. CITY-STATE-ZIP		6.3 STREET ADDRESS	
64. CITY-STATE-ZIP		6.4 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.

SIGNATURE *Angelo Taranto* **ANGELO TARANTO** 9/9/99 (305) 957-8939
 Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)