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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sendra B. Mortham

Secretary of State
Division of Corporations

DOCUMENT # 522 823

(7)

Mailing Address

2a. Mailing Address

SIGNATURE AND TYPED OR PRINTED NAME OF SANNING OFFICER OR DIRECTOR

Corporation Name FAR AUTOMOTIVE FN

Principal Place of Business

16930 S.W 96 CT

MINMI FL 33157

2. Principal Place of Business

SIGNATURE:

16920 S.W 96CT MIANI, FL 33157-4007 FILED Mar 28 1997 8:00am Secretary of State

3a. Date of Last Report

Not Applicable

3. Date Incorporated or Qualified

Suite, Apt	#. etc	Suite, Apt. #, etc.				5. Certificate of Status Desired \$8.75 Additional Fee Required				
City & Stati	0	City & State			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees					
Zipi	Country 25	Zip 29	Zip Country			8. This corporation has liability for intangible lax under s. 199 032, Florida Statutes Yes No				
24 25 29 30 30 9. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent					
	V. (1007)	81	Name							
GOIDBERG FRANK					82 Street Address (P.O. Box Number is Not Acceptable)					
16920 5W 96 CT MIAMI YL 33157					83					
MIAMI FL 3315>					City		FI	85 Zip	Code	
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 lamiliar with, and accept the obligations of, Section 607.0505, Florida Statutes.										
SIGNATUR(Signature 19 note proor transition of registered agent and trie if applicable. (NOTE: Registered Agent algorithms required when reinstating) DATE										
12.	OFFICERS AND	DIRECTORS	13.			ADDITIONS/CHANGES TO OF	FICERS AND	DIRECTOR	RS IN 12	
1111.6	7D DELETE 11			Lŧ		☐ Change			Addition	
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City-St ZiP				Y-\$1-		n Continu 110 07/0V/) Florida Oca	ulaa I I	- Anglife H-	<u>J</u>	
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 and cated 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 it am as 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										