

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

FILED

Mar 27 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham, Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 672340
 1. Corporation Name
American Dealer Corporation

Principal Place of Business 300 NW 70 Avenue Suite 301 Plantation, FL 33317	Mailing Address 300 NW 70 Avenue Suite 301 Plantation, FL 33317
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 3764 Carmen Court Suite, Apt. #, etc. 22 City & State 23 Coconut Grove, FL Zip 24 33133	2a. Mailing Address 26 c/o John Mijares Suite, Apt. #, etc. 27 2701 S. Bayshore Drive City & State 28 Coconut Grove, FL Zip 29 33133	Country 25 USA	Country 30 USA
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3. Date Incorporated or Qualified 6/4/1980	4. FEI Number 59-2297170	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

9. Name and Address of Current Registered Agent
Roger F. Borrello
300 NW 70 Avenue
Suite 301
Plantation, FL 33317

10. Name and Address of New Registered Agent
81 Name
Samuel S. Blum, Esquire
82 Street Address (P.O. Box Number is Not Acceptable)
2666 Tigertail Ave., Suite 106
83
84 City
Coconut Grove, FL
85 Zip Code
33133

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: **Samuel S. Blum, Registered Agent** DATE: **2/13/98**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE President/Director <input type="checkbox"/> DELETE NAME Hector Campagna STREET ADDRESS 2 S. Univ. Dr., Suite 200 CITY-ST-ZIP Plantation, FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition	11 TITLE President/Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 12 NAME Hector Campagna 13 STREET ADDRESS c/o John Mijares, Coconut Grove Bank 14 CITY-ST-ZIP 2701 S. Bayshore Dr., Coconut Grove, FL 33133	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> DELETE	21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> DELETE	31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> DELETE	41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> DELETE	51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> DELETE	61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 on an attachment with an address.

SIGNATURE: **Samuel S. Blum** DATE: **2/13/98**

CR2E034 (10/97)