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Apr 29 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **702498** (7)

1. Corporation Name

**SOUTH FLORIDA AUTO-TRUCK DEALERS ASSOCIATION, IN C.**

Principal Place of Business

Mailing Address

**1380 N.E. MIAMI GARDENS DRIVE  
SUITE 125  
NORTH MIAMI BEACH FL 33179**

**1380 N.E. MIAMI GARDENS DRIVE  
SUITE 125  
NORTH MIAMI BEACH FL 33179**

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BAKER, RICHARD A.  
10185 NW. 7TH AVE.  
MIAMI FL 33150**

81 Name  
**Richard A. Baker**

82 Street Address (P.O. Box Number is Not Acceptable)  
**1380 N.E. Miami Gardens Drive**

83 Suite 125

84 City  
**North Miami Beach**

85 FL Zip Code  
**33179**

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 **PE** ☐ DELETE  
NAME **PLANAS, CARLOS**  
STREET ADDRESS **8250 SW 8TH STREET**  
CITY-ST-ZIP **MIAMI FL**

1.1 TITLE **P** ☒ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE **P** ☐ DELETE  
NAME **MORSE, TED**  
STREET ADDRESS **6363 N W 8TH WAY**  
CITY-ST-ZIP **FT LAUDERDALE FL**

2.1 TITLE **PP** ☒ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE **VP** ☐ DELETE  
NAME **BAKER, RICHARD**  
STREET ADDRESS **10185 NW 7 AVE.**  
CITY-ST-ZIP **MIAMI FL**

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE  
NAME **PAGE, KEN**  
STREET ADDRESS **9330 W ATLANTIC BLVD**  
CITY-ST-ZIP **CORAL GABLES FL**

4.1 TITLE **ST** ☒ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE  
NAME **MOORE, STEVE**  
STREET ADDRESS **5757 LAKE WORTH ROAD**  
CITY-ST-ZIP **GREENACRES CITY FL**

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE  
NAME **ACCARDI, EDDIE**  
STREET ADDRESS **909 S FEDERAL HWY**  
CITY-ST-ZIP **POMPANO BEACH FL**

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*Richard A. Baker*

4/23/98

CR2E037 (10/97)