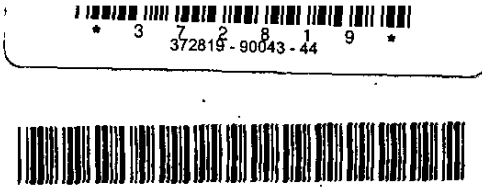


FILED
Apr 08, 1999 8:00 am
Secretary of State

04-08-1999 90009 020 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 702498					
1. Corporation Name SOUTH FLORIDA AUTO-TRUCK DEALERS ASSOCIATION, IN. C.					
Principal Place of Business 1380 N.E. MIAMI GARDENS DRIVE SUITE 125 NORTH MIAMI BEACH FL 33179			Mailing Address 1380 N.E. MIAMI GARDENS DRIVE SUITE 125 NORTH MIAMI BEACH FL 33179		



2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country		3. Date Incorporated or Qualified 05/29/1961	
				4. FEI Number 59-1094645	
				5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
				6. Election Campaign Financing ☐ \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent BAKER, RICHARD A. 1380 NE MIAMI GARDENS DR STE 125 NORTH MIAMI BEACH FL 33179				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	

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 reissuing)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P ☐ DELETE	1.1 TITLE	PP ☒ Change ☐ Addition
NAME	PLANAS, CARLOS	1.2 NAME	CARLOS PLANAS
STREET ADDRESS	8250 SW 8TH STREET	1.3 STREET ADDRESS	8250 SW 8TH STREET
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	MIAMI FL 33144
TITLE	PP ☒ DELETE	2.1 TITLE	D ☐ Change ☒ Addition
NAME	MORSE, TED	2.2 NAME	JIM CARROLL
STREET ADDRESS	6363 N W 6TH WAY	2.3 STREET ADDRESS	3101 N STATE ROAD 7
CITY-ST-ZIP	FT LAUDERDALE FL	2.4 CITY-ST-ZIP	HOLLYWOOD FL 33021
TITLE	VP ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	BAKER, RICHARD	3.2 NAME	
STREET ADDRESS	10185 NW 7 AVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	
TITLE	ST ☐ DELETE	4.1 TITLE	PRESIDENT ELECT ☒ Change ☐ Addition
NAME	PAGE, KEN	4.2 NAME	
STREET ADDRESS	9330 W ATLANTIC BLVD	4.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL	4.4 CITY-ST-ZIP	
TITLE	D ☒ DELETE	5.1 TITLE	D ☐ Change ☒ Addition
NAME	MOORE, STEVE	5.2 NAME	LOREN SHEFFER
STREET ADDRESS	5757 LAKE WORTH ROAD	5.3 STREET ADDRESS	2201 N FEDERAL HWY
CITY-ST-ZIP	GREENACRES CITY FL	5.4 CITY-ST-ZIP	DELRAY BEACH FL 33483
TITLE	D ☒ DELETE	6.1 TITLE	D ☐ Change ☒ Addition
NAME	ACCORDI, EDDIE	6.2 NAME	MICHAEL HOOLEY
STREET ADDRESS	909 S FEDERAL HWY	6.3 STREET ADDRESS	707 N STATE ROAD 7
CITY-ST-ZIP	POMPANO BEACH FL	6.4 CITY-ST-ZIP	PLANTATION FL 33317

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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Richard A. Baker

4-19-99 (305) 949-1733

CR2037 (1/98)