FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT #

G87620

(2)

1. Corporation Name CROSSTOWN AUTO SALES, INC.

CHOSSIOWN AUTO SAL		
Principal Place of Business	Mailing Address	
1797 OPA LOCKA BLVD. MIAMI FL 33054	1797 OPA LOCKA BLVD. Miami Fl. 33054	

Principal Place	of Business	Maining Address								
1797 OPA LOCKA BLVD. MIAMI FL 33054		1797 OPA LOCKA BLVD. MIAMI FL 33054								
						3. Date incorporated or Qualified 01/13/1984	3a. Date of Last Report 05/01/1995			
2. Principal Pla	ice of Business	2a. Mailing Address	2a. Mailing Address			4. FEI Number			Applied For	
21		26		.		59-2369663			Not Applicable	
Suite, Apt. #, etc.		Suite, Apt #, etc.					75 Additional e Required			
22		City & State				6. Election Campaign Financing			00 May Be	
City & State		28			Trust Fund Contribution			ded to Fees		
Zip	Country	Zip	Cour	ntry		8. This corporation has liability for	intangible ta	c under	s 199.032,	
24	25	29	30			Florida Statutes 😾 Yes	☐ No			
	g. Name and Address of Curren	t Registered Agent				10. Name and Address of New F	Registered A	gent		
				81	Name					
	TON, DOUGLAS D.			82	Street Add	ress (P.O. Box Number is Not Acceptat	ole)		<u> </u>	
	NCOLN ROAD									
	NO. 382			83						
MIAMI	BEACH FL 33139			84	City		FL	85	Zip Code	
44 . D	a the explication of Spations 607 0500	and 607 1508 Florida Sta	tutes tue abo	we in	anied como	ration submits this statement for the pu and of directors. I hereby accept the app	rpose of cha	naina i	s registered offic	
SIGNATURE	Stanton typical or protein norm, of negatives appeal OFFICERS AN	D DIRECTORS	inOff Registered	A _t ly t	signature hapiris	a) when her starting ADD/TIONS/CHANGES TO OFF	ICERS AND			
TITLE	P	DELETE	1 1 1	ıT.E		-] Chang	ge 🔲 Addition	
NAME	TODINO, FRANK		1.2 N							
STREET ADDRESS	4801 VAN BUREN STREET				ADDRESS					
CITY-ST-ZIP	HOLLYWOOD FL	DELETE		TY·S	1 - 71F			7 Chang	ge Add:tion	
TITLE		order	2 1 T 2 2 N/				L		,	
NAME CARSSA ADORSOS			B		ADORESS					
STREET ADDRESS CITY - ST. ZIP				ITY-S						
TIFLE		DELETE	3 1 7					Chan	ge 🔲 Addition	
NAME			3 2 N	AM E						
STREET ADDRESS			33 S	TREET	ADDRESS					
CITY-ST-ZIP				·IY-S	T-ZIP			<u> </u>	a.	
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NAME expert apported					ADDRESS					
STREET ADORESS					61 - 7:P					
CITY - ST - ZIP TITLE		DELFTE	6 1 1					Char	ge 🔲 Addition	
NAME			62N							
STREET ADDRESS			638	FREET	ADDRESS					
	t .									

6 4 CITY - ST - ZIP 14. Too hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for frie exemption stated in Section 119.07(3)(k), 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 early 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.

March Todawa TOS FRANK TOCKING 4-29-91 305-764564
SIGNATURE AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR