FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 APR 17 PM 3:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **H22845** **(2)**

1. Corporation Name
ASTA AUTOS, INC.

Principal Place of Business	Mailing Address
1950 S OCEAN DR SUITE GL1 HALLANDALE FL 33009	1950 S OCEAN DR SUITE GL1 HALLANDALE FL 33009

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **09/26/1984**
3a. Date of Last Report: **07/19/1994**

2. Principal Place of Business	2a. Mailing Address
21 4000 S Ocean Dr	26 4000 S. Ocean Dr.
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 Hollywood FL	28 Hollywood FL
24 Zip 33019	29 Zip 33019
25 Country U.S.A	30 Country USA

4. FEI Number: **59-2481745** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

KENT, WILLIAM
1980 S OCEAN DR
HALLANDALE FL 33009

10. Name and Address of New Registered Agent

81 Name: Kent, William
82 Street Address (P.O. Box Number is Not Acceptable): 4000 S. Ocean Dr.
83
84 City: Hollywood FL 85 Zip Code: 33019

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 _____ (Signature of new registered agent, if registered agent is changed) NOTE: Registered Agent signature required when filing) (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VD	11 TITLE	Kent, Mary Jane	☑ Change ☐ Addition
NAME	KENT, MARY JANE	12 NAME		
STREET ADDRESS	1980 S. OCEAN DR.	13 STREET ADDRESS	4000 S Ocean Dr.	
CITY ST ZIP	HALLANDALE FL	14 CITY ST ZIP	Hollywood, FL 33019	
TITLE	PD	21 TITLE	Kent, William	☑ Change ☐ Addition
NAME	KENT, WILLIAM	22 NAME		
STREET ADDRESS	1980 S OCEAN DR	23 STREET ADDRESS	4000 S Ocean Dr.	
CITY ST ZIP	HALLANDALE FL	24 CITY ST ZIP	Hollywood, FL 33019	
TITLE		31 TITLE		☐ Change ☐ Addition
NAME		32 NAME		
STREET ADDRESS		33 STREET ADDRESS		
CITY ST ZIP		34 CITY ST ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY ST ZIP		44 CITY ST ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY ST ZIP		54 CITY ST ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		64 CITY ST ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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, or on an attachment with an address.

SIGNATURE: Wm Kent 4-11-95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date

(Daytime Phone #)

0077320 CP