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

officer or director of the Block 12 or Block 13 if

**PROFIT** Jan 16 1998 8:00am ELORIDA DEPARTMENT DE STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1998 DIVISION OF CORPORATIONS K59180 DOCUMENT # (5)D & A FINE CARS, INC. Principal Place of Business Mailing Address 9850 NW 27 AVE 6440 HURON TERR MIAMI FL 33147 DAVIE FL 33331 DO NOT WRITE IN THIS SPACE US 3. Date Incorporated or Qualified 01/13/1989 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 65-0104038 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees Country Country  $Z_{00}$ 8. This corporation owes of has paid the current year Intangible 24 Tes Yes Personal Property Tax due June 30. 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name KAMINS, AL 6440 HURON TERR Street Address (P.O. Box Number is Not Acceptable) **DAVIE FL 33331** 83 Zip Code 11. Pursuant to the provisions of Sections 607.05/02 and 607.15/08, I torida 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. Lam familiar with, and accept the obligations of, Section 607.05/05, Florida Statutes. SIGNATURE: Signature, typicd or printed hache of registered agent and fillent applicable (NOTE: Registered Agont signature required when reinstating). DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE TITLE 1.1 TITLE ☐ Change Addition KAMINS, AL NAME 1.2 NAME 9937 NW 27TH AVE. STREET ADDRESS 1.3 STREET ADDRESS miami fl CITY-ST-ZIP 1.4 CITY - \$1 - ZIP DELETE Change Addition TITLE 2.1 HILE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2 4 CITY - ST - ZIP DELETE TITLE 3.1 TITLE ☐ Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3 4. CITY - ST - ZIP DELFTE TOLE 4.1 TITLE Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS C(1) Y - S1 - ZIF 4.4 CHY - ST - ZIE DELETE Change Addition | TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE ☐ Change Addition THLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CHY+ST-ZIP 164GHY-ST-701

Information supplied with this filing does not qualify the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information report of supplierhental 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 proportion or thy receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in standard, or only attachment with an address. I hereby certify that the indicated on this annual

**FILED** 

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