File on or before May 1, 1998 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY **ANNUAL REPORT** 1998



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

FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE

1. Name and Malling Address of Limited Liability Company DOCUMENT # L9200000050

attachment with an address. SIGNATURE:

PARAMONT AUTO FINANCE LLC P.O. BOX 402188

FILED K 98 APR 27 AM 9: 52 /29

SECRETARY OF STATE TALLAHASSEE FLORIDA

1a. Principal Place of Business Address

1111 KANE CONCOURSE #610

MIAMI BEACH FL 33140						BAY HARBOR FL 33154					
Principal Place of Business						3.	3. Date Organized or Qualified			3a. State of Formation	
Suite, Apt. #, etc. Suite, Ap			# otc			12/09/1992		FL	FL		
Suite, Apr. #, 410.			ι. π, φισ.			. FEI Number		- · · · · ·	Applied For		
City & State			City & St	ate			65-0305085			Not Applicable	
Zip	. Country Zı		Žip		Countr	y 5.	5. Date of Last Report		6. Certificate of Status Desired		
	7 Name		of Current Bealstared				05/07/1				
7. Name and Address of Current Registered Agent						Name and Address of New Registered Agent/Office Name					
WASERSTEIN, RICHARD 913 NORMANDY DR						Street Address (P.O. Box Number is Not Acceptable)					
MIAMI BEACH FL 33141						Silest Address (F.O. Box Maninger is not Acceptable)					
						Sulte, Apt. #, etc.					
				City			Žip Code				
its register	red office or regi red agent, and	stered agent, c	ns 608.416 and 608.508 or both, in the State of Flo gations.				vote of a majorit				
10. Title	(Registered Agent Accepting Appointment) (N			OTF Registered Agent signature required when relinstating) Business Street Address			City, State and Zip Code				
	managing manager										
М	RAIJMA	N, MII	TON	1111	KANE	CONCOURSE	#610	BAY I	HARBOR	FL	
M .	THE FI	NANCE	TRUST,	1111	KANE	CONCOURSE	#610	BAY I	HARBOR	FL	
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							µ49 ₹	-05/ ***	05/98 *188.75	2 041 0 01135011 ****188.75	
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11. Idohe	reby certify that	the information	supplied with this filing d	oes not quali	fy for the exe	emption stated in Section	n 119,07(3) (i), F	lorida Statute	s. I further cert	ify that the information	

indicated on this annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute his report as required by Chapter 608, Florida Statutes; and that my name appears in Block 10, or on an

MEMBER SIGNATURE AND TYPI I) OR DENTED NAME OF SIGNING MANAGING MEMBER OR MANAGEN