

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

DOCUMENT # L96744 (2)

1. Corporation Name

ANTHONY ABRAHAM OLDSMOBILE, INC.

Principal Place of Business

**4181 S.W. 8TH STREET
MIAMI FL 33134**

Mailing Address

**4181 S.W. 8TH STREET
MIAMI FL 33134**

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

**ABRAHAM, THOMAS G.
4181 S.W. 8TH STREET
MIAMI FL 33134**

3. Date Incorporated or Qualified

08/27/1990

3a. Date of Last Report

10/25/1994

4. FEI Number

65-0213934

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. 190.032,
Florida Statutes

☐ Yes

☐ No

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 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, typed or printed name of registered agent and fee if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
P	ABRAHAM, ANTHONY	4181 SW 8TH ST	MIAMI FL
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	12 NAME	13 STREET ADDRESS	14 CITY - ST - ZIP
21 TITLE <td>22 NAME</td> <td>23 STREET ADDRESS</td> <td>24 CITY - ST - ZIP</td>	22 NAME	23 STREET ADDRESS	24 CITY - ST - ZIP
31 TITLE <td>32 NAME</td> <td>33 STREET ADDRESS</td> <td>34 CITY - ST - ZIP</td>	32 NAME	33 STREET ADDRESS	34 CITY - ST - ZIP
41 TITLE <td>42 NAME</td> <td>43 STREET ADDRESS</td> <td>44 CITY - ST - ZIP</td>	42 NAME	43 STREET ADDRESS	44 CITY - ST - ZIP
51 TITLE <td>52 NAME</td> <td>53 STREET ADDRESS</td> <td>54 CITY - ST - ZIP</td>	52 NAME	53 STREET ADDRESS	54 CITY - ST - ZIP
61 TITLE <td>62 NAME</td> <td>63 STREET ADDRESS</td> <td>64 CITY - ST - ZIP</td>	62 NAME	63 STREET ADDRESS	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)(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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature Printed Name