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FILED  
May 20 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/27/1990

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 6600 S.W. 57 Avenue

Suite, Apt. #, etc.

22 # 200

City & State

23 Miami, FL

Zip

24 33143

Country

25 USA

2a. Mailing Address

26 6600 S.W. 57 Ave.

Suite, Apt. #, etc.

27 # 200

City & State

28 Miami, FL

Zip

29 33143

Country

30 USA

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name

WARREN BRYER

82 Street Address (P.O. Box Number is Not Acceptable)

6600 S.W. 57 Avenue

83 # 200

84 City

Miami

FL

85 Zip Code

33143

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

Warren Bryer

WARREN BRYER

4/22/98

Signature, typed or printed name of registered agent, and date, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

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

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

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NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

12 NAME 6600 S.W. 57 Avenue

13 STREET ADDRESS Miami, FL 33143

14 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing 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

Anthony Abraham

4/22/98

305-465-2000

CR2E034 (10/97)