File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE. FLORIDA DEPARTMENT OF STATE LIMITED LIABILITY COMPANY **Katherine Harris** FILED ANNUAL REPORT Secretary of State 1999 **DIVISION OF CORPORATIONS** 99 APR 29 PM 1: 21 FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee \$ 188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE SECRETARY OF STATE Name and Mailing Address
 of Limited Liability Company **DOCUMENT #** 19700001314 TALLAHASSEE, FLORIDA 1a. Principal Place of Business Address MR. C'S AUTO SALES OF HOLLYWOOD, L.C. 1890 UNIVERSITY DRIVE., #105 2701 N. STATE ROAD 7 CORAL SPRINGS FL 33071 HOLLYWOOD FL 33302 3. Date Organized or Qualified 3a. State of Formation 2 Principal Place of Business Suite, Apt. #, etc. 11/24/1997 FL Suite, Apt. #, etc. 4. FEI Number Applied For 65-0799999 City & State City & State Not Applicable 5. Date of Last Report 6. Certificate of Status Desired Zip Country USA 03/16/1998 \$8.75 Additional Fee Required 7. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent/Office Name WEINSTEIN, HOWARD S ESQ. 11900 BISCAYNE BLVD., SUITE #740 Street Address (P.O. Box Number is Not Acceptable) NORTH MIAMI FL 33181 **4000002868644---** -05/07/99--01158--<u>01</u>7 Suite, Apt. #, etc. ***190₀₀75 ****108.75 City 9. Pursuant to the provisions of Sections 608 416 and 608 508, Florida Statutes, the above-named limited liability company 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 affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations. SIGNATURE ___ DATE (Registered Agent Accepting Appointment) (NOTE Registered Agent signature required when reinstaving) 10. Title Managing Members/Managers **Business Street Address** City, State and Zip Code MGRM MR. C'S AUTO SALES, IN 891 NORTH STATE ROAD 7 MARGATE FL MGRM NICE INVESTMENTS, INC. 2600 ISLAND BLVD., STE. #2 AVENTURA FL KEDEM MGRM KADEM, BARAK 571 N.W. 108TH AVE. PLANTATION FL PORAT, EYLON 11500 N.W. STH-STREET PLANTATION' FL MBR-PORAT, RONIT 11500 N.W. 8TH STREET PLANTATION FL

11 I do 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 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 flability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes; and that my name appears in Block 10, or on an

Daytime Phone 4

SIGNATURE AND TYPED OFFRRITTO NAME OF SIGNIFIG MANAGING IM MOLLEGE MANAGER

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attachment with an address.

SIGNATURE: