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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # M01587

(8)

CABAL AUTO SALES, INC.

May 02 1997 8:00an
Secretary of State

FILED

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Principal Place	or Business	Mailing Address 2290 S. STATE ROAD 7 MIRAMAR FL 33023-3057						
2290 S. STATE MIRAMAR FL 33	ROAD 7 023							
				3. Date Incorporated or Qualified 06/08/1984	3a. Date of Last Report 05/01/1996			
2. Principal Pl	ace of Business	2a. Mailing Address			4. fEl Number	1	·	Applied For
21		[26]		26-3085107	26-3085 107 Not Applicable			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional			
22		City & City			Fee Required			
City & State		City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees			
23 Zip	Country	28	Zip Country			corporation has liability for intangible tax under s. 199.032.		
24	25	29	30		,	, –		
	9. Name and Address of Current		1001		10. Name and Address of New Reg			
BALD	OR, ROBERTO		81	Name				
3600	SW 139TH AVENUE CB 230		82	Street Add	Iress (P.O. Box Number is Not Acceptab	lo)		
MIRA	MAR FL 33027				,			
ı.\\			83				_	. —
			84	City			85 Zir	Code
· · ·				,		FL		
office or re	egistered agent, or both, in the State	of Florida, Such change was a	es, the above authorized by	e-named cor / the corpora	poration submits this statement for the p ation's board of directors. I hereby accep	urpose or c t the appoi	nanging ntment a	its registered is registered
	m familiar with, and account the obliga	tions of Section 607.0505 Flo			Colone Dut	-/	1/2/	(5)
-SIGNATURE	Signaldis, typed or printed same of registered ager	t and jis of applicable (NOT)	OSET. E. Registred Age		lired witer reinstang)	LIATE	7 / V	- <u>(</u>
12.	OFFICERS AND	· · · · · · · · · · · · · · · · · · ·	13.		ADDITIONS/CHANGES TO OFFIC		RECTO	RS IN 12
TITLE	PD	☐ DELCTE	1.1 1171.6				Change	Addition
NAME	BALDOR, ROBERTO		1.2 NAME					
STREET ADDRESS	3600 SW 139TH AVE CB230		1.3 \$1REE1	ADDRESS				
CITY-ST-ZIP	MIRAMAR FL		1.4 CITY - S	1-2IP			-	
TITLE	STD PEOTA	☐ DETEIE	2.1 TITLE	}		L.	Change	Addilion
NAME	BALDOR, BERTA 3600 SW 139TH AVE CB230		2 2 NAM[
STREET ADDRESS	MIRAMAR FL		23 STREET					
CITY-ST-ZIP	MICHARITE	DELETE	2 4 CMY-5 3 1 HILE	S1- ZIP		г	Change	Addition
NAME			3 2 NAME				onango	L_ //do tipit
STREET ADDRESS			3 3 STREET	ATIDRESS				
CITY-ST-ZIP			3.4 CITY-5					
TITLE		☐ DELŁTE	4.1 TITLE				Change	Addition
NAME			4, 2 NAME					
STREET ADDRESS		•	4.3 STREFT	ADDRESS				
CITY-ST-ZIP			4.4 CHY-S	1 - 7IP				
TITLE		☐ DELETE	5.1 THUE			Ι	_ Change	Addition
NAME			52NAME					
STREET ADDRESS			5.3 STREE1	ADDRESS				
CHY-ST-ZIP		DELETE	5.4 CHY- S	T - ZIP			7 0	Time
TATLE		☐ DELETE	6.1 TITLE			L	_ Change	Addition
NAME			G.2 NAME					
STREET ADDRESS			6.3 STREET	1				
CITY-ST-ZIP	w cords that the information or walks	Lusts this bling does not small	6.4 CITY - S		nd in Section 119.07/3V/A Flevida Statutor	I further -	ortifu de s	ul tho

I. 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 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 oddress.

(964) 989-0400