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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 20 AM 10: 34

DOCUMENT # M22460 (3)

1. Corporation Name
COLLEGE AUTO SALES OF FLORIDA, INC.

Principal Place of Business
10416-18 NW 27TH AVE.
MIAMI FL 33147

Mailing Address
10416-18 NW 27TH AVE.
MIAMI FL 33147

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business
21 9050 N. W. 27 Ave.
Suite, Apt. #, etc.
22
City & State
23 Miami, FL
Zip
24 33147
Country
25

2a. Mailing Address
26 9050 N. W. 27 Ave.
Suite, Apt. #, etc.
27
City & State
28 Miami, FL
Zip
29 33147
Country
30

3. Date Incorporated or Qualified: 10/24/1985
3a. Date of Last Report: 02/03/1994
4. FEI Number: 59-2639297 ☐ 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
7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent
CHAMOUN, FADI
8032 N.W. 187TH TERR.
MIAMI FL 33015

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	CHAMOUN, HABIB
STREET ADDRESS	8032 N.W. 187TH TERR.
CITY-ST-ZIP	MIAMI FL
TITLE	VPD
NAME	CHAMOUN, FADI
STREET ADDRESS	8032 N.W. 187TH TERR.
CITY-ST-ZIP	MIAMI FL
TITLE	SD
NAME	MOURAD, MAHA
STREET ADDRESS	8032 NW 187 TER
CITY-ST-ZIP	MIAMI FL
TITLE	TD
NAME	CHAMDUN, FARES
STREET ADDRESS	8032 NW 187 TERR
CITY-ST-ZIP	MIAMI FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		
1.2 NAME		☐ Change ☐ Addition
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		
2.2 NAME		☐ Change ☐ Addition
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		
3.2 NAME		☐ Change ☐ Addition
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		
4.2 NAME		☐ Change ☐ Addition
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		
5.2 NAME		☐ Change ☐ Addition
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		
6.2 NAME		☐ Change ☐ Addition
6.3 STREET ADDRESS		
6.4 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)(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: Maha Mourad 2/11/95 (305) 835-0079
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR
Maha Mourad
Date