

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

95 APR 10 PM 12:54

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # M50753 (6)

1. Corporation Name

SOUTH MOTORS CHRYSLER-PLYMOUTH, INC.

Principal Place of Business

**16915 S. DIXIE HIGHWAY
MIAMI FL 33157-4361**

Mailing Address

**16915 S. DIXIE HIGHWAY
MIAMI FL 33157-4361**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

04/22/1987

3a. Date of Last Report

11/28/1994

4. FEI Number

59-2804935

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. 199.032,
Florida Statutes

☐ Yes

☐ No

2. Principal Place of Business

21 1616 S. Dixie Hwy
Suite, Apt. #, etc.

2a. Mailing Address

26 1616 S. Dixie Hwy
Suite, Apt. #, etc.

City & State

23 Miami FL

City & State

28 Miami FL

Zip

24 33157

Country

25 Dade

Zip

29 33157

Country

30 Dade

9. Name and Address of Current Registered Agent

**HOFFMAN, LARRY J.
1221 BRICKELL AVENUE
MIAMI FL 33131**

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 the filer, if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	DASCAL, CHARLES
STREET ADDRESS	1801 S.W. 1ST STREET
CITY - ST - ZIP	MIAMI FL
TITLE	VP
NAME	BUTTAFOCO, RICHARD
STREET ADDRESS	1616 S. DIXIE HWY.
CITY - ST - ZIP	MIAMI FL
TITLE	S
NAME	HOFFMAN, LARRY J
STREET ADDRESS	1221 BRICKELL AVE.
CITY - ST - ZIP	MIAMI FL
TITLE	CFO
NAME	DAUGHERTY, CHARLES
STREET ADDRESS	1616 S. DIXIE HWY.
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	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(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, as designated, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature Number #