

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # M91321 (3)

1. Corporation Name

RALLY AUTO EXCHANGE, INC.



Principal Place of Business

Mailing Address

2838 NO STATE RD 7
3901-SHERIDAN ST.
HOLLYWOOD FL 33021
US

C/O JILL MASSARO
9901-SHERIDAN ST.
HOLLYWOOD FL 33021
US

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 2838 NO. St. Rd. 7
Suite, Apt. #, etc.

22 City & State

27 City & State
28 Hollywood FL

23 Zip Country

29 33021 30 USA

3. Date Incorporated or Qualified
07/27/1988

3a. Date of Last Report
05/01/1995

4. FEI Number
65-0061599

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MASSARO, JOSEPH A
3901-SHERIDAN ST 2838 NO. St. Rd. 7
HOLLYWOOD FL 33021 Hollywood FL 33021

81 Name Joseph A. Massaro
82 Street Address (P.O. Box Number is Not Acceptable)
2838 NO. St. Rd. 7
83
84 City Hollywood FL 85 Zip Code 33021

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 title if applicable

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DVT
NAME MASSARO, JILL
STREET ADDRESS 3901-SHERIDAN ST 2838 NO. St. Rd. 7
CITY-ST-ZIP HOLLYWOOD FL

TITLE PS
NAME MASSARO, JOSEPH A.
STREET ADDRESS 3901 SHERIDAN STREET 2838 NO. St. Rd. 7
CITY-ST-ZIP HOLLYWOOD FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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 119.07(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 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/2/96 954-966-6992

CR2E034 (12/95)