FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 APR 21 AM 9:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N11621 (2)

1. Corporation Name
METRO-DADE AUTO TAG ASSOCIATION, INC.

Principal Place of Business	Mailing Address
~~14760 BISCAYNE BLVD.~~ ~~NORTH MIAMI BEACH FL 33181~~	~~14760 BISCAYNE BLVD.~~ ~~NORTH MIAMI BEACH FL 33181~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/16/1985
3a. Date of Last Report: 04/27/1994
4. FEI Number: 59-2601784 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 401 NE 167th ST	26 401 N.E. 167th ST
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: NO. MIAMI BEACH, FL	28 City & State: NO. MIAMI BEACH, FL
24 Zip: 33162 25 Country: USA	29 Zip: 33162 30 Country: USA

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. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
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
OKO, RALPH N. ~~14760 BISCAYNE BLVD~~ ~~NO MIAMI BEACH FL 33181~~	81 Name 82 Street Address (P.O. Box Number is Not Acceptable): 401 N.E. 167th ST. 83 84 City: North Miami Beach FL 85 Zip Code: 33162

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	☐ Change ☐ Addition
NAME	SOROSKY, EUGENE E.	1.2 NAME	
STREET ADDRESS	1375 NW 36TH STREET	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	
TITLE	PD	2.1 TITLE	☒ Change ☐ Addition
NAME	OKO, RALPH N.	2.2 NAME	
STREET ADDRESS	~~14760 BISCAYNE BLVD~~	2.3 STREET ADDRESS	401 N.E 167th ST
CITY-ST-ZIP	~~NO. MIAMI BEACH FL~~	2.4 CITY-ST-ZIP	NORTH MIAMI BEACH FL 33162
TITLE	TD	3.1 TITLE	☐ Change ☐ Addition
NAME	HOLMAN, KATHY	3.2 NAME	
STREET ADDRESS	12935 W DIXIE HWY	3.3 STREET ADDRESS	
CITY-ST-ZIP	N MIAMI FL	3.4 CITY-ST-ZIP	
TITLE	VD	4.1 TITLE	☐ Change ☐ Addition
NAME	COLE, PAC	4.2 NAME	
STREET ADDRESS	11295 S DIXIE HWY	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	4.4 CITY-ST-ZIP	
TITLE	VD	5.1 TITLE	☐ Change ☐ Addition
NAME	COWART, LON	5.2 NAME	
STREET ADDRESS	20-B WEST 49TH ST.	5.3 STREET ADDRESS	
CITY-ST-ZIP	HIALEAH FL	5.4 CITY-ST-ZIP	
TITLE	SD	6.1 TITLE	☐ Change ☐ Addition
NAME	FERRAND, MARY	6.2 NAME	
STREET ADDRESS	30700 S FEDERAL HWY	6.3 STREET ADDRESS	
CITY-ST-ZIP	HOMESTEAD FL	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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or added in an attachment with an address.

SIGNATURE: _____ 4/19/95 305-947-8620
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
RALPH N. OKO

084000