

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # N11621 (2)**  
1. Corporation Name  
**METRO-DADE AUTO TAG ASSOCIATION, INC.**



Principal Place of Business Mailing Address  
**401 NE 167 ST  
NORTH MIAMI BEACH FL 33162  
US** **401 NE 167 ST  
NORTH MIAMI BEACH FL 33162  
US**

3. Date Incorporated or Qualified **10/16/1985** 3a. Date of Last Report **04/21/1995**  
4. FEI Number **59-2601784** 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 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip 28 Zip 29 Country 30 Country

**9. Name and Address of Current Registered Agent**

**OKO, RALPH N.  
401 NE 167 ST  
NO MIAMI BEACH FL 33162**

**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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

**SIGNATURE**

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SOROSKY, EUGENE E.</b>	1.2 NAME	
STREET ADDRESS	<b>1375 NW 36TH STREET</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI FL</b>	1.4 CITY-ST-ZIP	
TITLE	<b>PD</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>OKO, RALPH N.</b>	2.2 NAME	
STREET ADDRESS	<b>401 NE 167 ST</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>NO. MIAMI BEACH FL</b>	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HOLMAN, KATHY</b>	3.2 NAME	<b>HOLEMAN, KATHY</b>
STREET ADDRESS	<b>12935 W DIXIE HWY</b>	3.3 STREET ADDRESS	<b>MARY M.</b>
CITY-ST-ZIP	<b>N MIAMI FL</b>	3.4 CITY-ST-ZIP	
TITLE	<b>VD</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>COLE, PAC</b>	4.2 NAME	<b>11287 S. DIXIE HWY</b>
STREET ADDRESS	<b>4295 S DIXIE HWY</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI FL</b>	4.4 CITY-ST-ZIP	
TITLE	<b>VD</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>COWART, LON</b>	5.2 NAME	
STREET ADDRESS	<b>20-B WEST 49TH ST.</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>HIALEAH FL</b>	5.4 CITY-ST-ZIP	
TITLE	<b>SD</b> <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FERRAND, MARY</b>	6.2 NAME	
STREET ADDRESS	<b>30708 S FEDERAL HWY</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>HOMESTEAD FL</b>	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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

**SIGNATURE:** *Mary M. Holman, Treas.* **4/3/96 (305)891-1055**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E037 (12/95)