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Mar 05 1997 8:00am
Secretary of State

NONPROFIT CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
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 3300 US

3. Date incorporated or Qualified 10/16/1985
3a. Date of Last Report 04/08/1996

2. Principal Place of Business 21
2a. Mailing Address 26 1142 So. Federal Hwy

4. FEI Number 59-2601784
Applied For Not Applicable

22 Suite, Apt. #, etc. 27

5. Certificate of Status Desired \$8.75 Additional Fee Required

23 City & State 28 FT. LAUDERDALE, FL

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

24 Zip 25 Country 29 3316 30 U.S.

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.
401 NE 167 ST
NO MIAMI BEACH FL 33162

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83 1142 So. Federal Hwy
84 City FT. LAUDERDALE FL 85 Zip Code 33316

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	D	<input type="checkbox"/> DELETE
NAME	SOROSKY, EUGENE E.	
STREET ADDRESS	1375 NW 36TH STREET	
CITY-ST-ZIP	MIAMI FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	OKO, RALPH N.	
STREET ADDRESS	401 NE 167 ST	
CITY-ST-ZIP	NO. MIAMI BEACH FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	HOLEMAN, MARY M	
STREET ADDRESS	12935 W DIXIE HWY	
CITY-ST-ZIP	N MIAMI FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	COLE, PAC	
STREET ADDRESS	11287 S DIXIE HWY	
CITY-ST-ZIP	MIAMI FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	COWART, LON	
STREET ADDRESS	20-B WEST 49TH ST.	
CITY-ST-ZIP	HIALEAH FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	FERRAND, MARY	
STREET ADDRESS	30708 S FEDERAL HWY	
CITY-ST-ZIP	HOMESTEAD FL	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	1142 So. Federal Hwy
2.4 CITY-ST-ZIP	FT. LAUDERDALE FL 33316
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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 on an attachment with an address.

SIGNATURE: RALPH N. OKO
2-25-97 954 764 0101
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0031799

CR2E037 (9/96)