FILE NOW: FILING FEE, IS \$61.25

NONPROFIT CORPORATION **ANNUAL REPORT**



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1. Corporation	MENI# N1162	1 (2)					
	HDADE AUTO TAG ASSOCI	ATION, INC.					
Principal Place	e of Business	Mailing Address				TII MIBIS AIBII BIB(I B	11641 61611 (681
401 NE 187 ST 1142 S FEDERAL HIGHWAY NORTH MIAMI BEACH FL 33162 FT LAUDERDALE FL 33316 US					3. Date incorporated or Qualified 10/16/1985		
45		•••			4. FEI Number		pplied For
2. Principal Pl	ace of Business	2a. Mailing Address			59-2601784		ot Applicable
21 18		26			5. Certificate of Status Desired		Additional equired
Suite, Apt.		Suite, Apt. #, etc.	S DIX 18	Kr,	6. Election Campaign Financing Trust Fund Contribution	\$5.00 Added t	
City & State	,	City & State			7. Is this nonprofit corporation a homeo		
23 MV		28 MIAMI			☐ Yes		,
Zip 24 33	Country 25	20 333157 3	Country 0		This corporation owes or has paid the Personal Property Tax due June 30.	Yes [tangible No
	9. Name and Address of Current	Registered Agent	81 Name		10. Name and Address of New Register	red Agent	
OVO DALBUAL					OSEPH DE LA VIESCA		
OKO, RALPH N. 1142 S FEDERAL HIGHWAY				Address (P.O. Box Number is Not Acceptable)			
FT LAUDERDALE FL 33316				3 L	55 5 DIXIC P	xwy	
			84 City			leg Zio	Code
44				<u>へい</u>		FL 3	>157
11. Pursuant to	to the provisions of Sections 617.0502 egistered agent, or both, in the State of	' and 617.1508, Florida Statutes of Florida, Such change was aut	, the above-named thorized by the cor	corpo	wation submits this statement for the purpo on's board of directors. I hereby accept the	se of changing i appointment as	its registered s registered
	n familiar with and account the obliga			०१३		3/11/98	
SIGNATURE _	Signature, typed or phriled name of registered agen		Registered Agent signature			ATE	
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS		
TMLE	D	☐ DELETE	1.1 TITLE	C	-	☐ Change	Addition
NAME PROCET ADORGOS	Sorosky, Eugene E. 1375 NW 36TH Street		1.2 NAME				
STREET ADDRESS	MIAMI FL		1.3 STREET ADDRESS				
CITY-ST-ZIP TITLE	PD PD	M DELETE	1.4 CITY-ST-ZIP 2.1 TITLE	4	SEPH DE LAVIESCA	☐ Change	Addition
NAME	OKO, RALPH N.		2.2 NAME	70	FRIDGHT DINGCTO		
STREET ADDRESS	401 NE 167 ST		2.3 STREET ADDRESS	18	655 5 DIXIE Itu	, X	
CITY-ST-ZIP	NO. MIAMI BEACH FL		2.4 CITY-ST-ZIP		(IAMI, FZ 33157	,	
TITLE	TD	☐ DELETE	3.1 TITLE			Change	☐ Addition
NAME	HOLEMAN, MARY M		3.2 NAME				
STREET ADDRESS	12935 W DIXIE HWY		3.3 STREET ADORESS				
CITY-ST-ZIP	N MIAMI FL		3.4. CITY-ST-ZIP				
TITLE	VD.	☐ DELETE	4.1 TITLE			☐ Change	Addition
HAME	COLE, PAC		4. 2 NAME				
STREET ADDRESS	11287 S DIXIE HWY		4.3 STREET ADDRESS				
CITY-ST-ZIP	MIAMI FL VD	DELETE	4.4 CITY-ST-ZIP 5.1 TITLE			☐ Change	Addition
NAME	COWART, LON	C Differe	5.2 NAME				Pauliculi
STREET ADDRESS	20-B WEST 49TH ST.		5.3 STREET ADDRESS		•		
CITY-ST-ZIP	HIALEAH FL		5.4 CITY-ST-ZIP				
TITLE	SO	DELETE	6.1 TITLE			Change	☐ Addition
NAME	FERRAND, MARY	- -	6.2 NAME				
STREET ADDRESS	30708 S FEDERAL HWY		6.3 STREET ADDRESS				
1	HAMPATCAD CI			ŀ			

TY-ST-ZIP

14. I 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.

FILED

Apr 01 1998 8:00am

Secretary of State