

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$385)

NONPROFIT
CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # N23844

(6)

1. Corporation Name

ANTIQUE AUTOMOBILE CLUB OF AMERICA, SOUTH FLORIDA
A REGION, INC.

FILED

1995 JUL 26 AM 10:18

TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

1110 NW 186 ST
N MIAMI FL 33169
US

MEL YAMPOLSKY
1110 N.W. 186 ST.
NORTH MIAMI FL 33169
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

3a. Date of Last Report

12/07/1987

04/25/1994

4. FEI Number

Applied For

59-2878377

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

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

☐ FILING FEE IS
\$61.25

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 1510 SARRIA AVE

26 70 HARRY B. GOEBEL

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 MIAMI, FL

28 CORAL GABLES, FL

Zip

Country

Zip

Country

24 33146

25 DADE

29 33146

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

YAMPOLSKY, MELVIN
1110 N.W. 186 ST.
NO. MIAMI FL 33169

81 Name

HARRIS, BEN

82 Street Address (P.O. Box Number is Not Acceptable)

2235 S.W. 34TH AVE

83

84 City

MIAMI

FL

85 Zip Code

33145

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

Ben Harris

7-20-95

(Signature) Typed or printed name of registered agent and date of appointment

(Signature) Registered Agent signature required when resigning

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD
NAME	HARRIS, BEN
STREET ADDRESS	2235 SW 34TH AVE
CITY ST ZIP	MIAMI FL
TITLE	SD
NAME	YAMPOLSKY, MELVIN
STREET ADDRESS	1110 N.W. 186 ST.
CITY ST ZIP	NO. MIAMI FL
TITLE	D
NAME	ROSCOE, AL
STREET ADDRESS	5881 SW 89TH PL
CITY ST ZIP	MIAMI FL
TITLE	D
NAME	REYES, NELSON
STREET ADDRESS	1110 NW 186 ST
CITY ST ZIP	N MIAMI FL
TITLE	ST
NAME	JACOBSON, H. LEON
STREET ADDRESS	9280 SW 190 ST
CITY ST ZIP	MIAMI FL
TITLE	D
NAME	GOEBEL, HARRY
STREET ADDRESS	1510 SERRIA AVE
CITY ST ZIP	CORAL GABLES FL

11 TITLE	PD
12 NAME	MAVER, BOB
13 STREET ADDRESS	10285 S.W. 135 STREET
14 CITY ST ZIP	MIAMI, FL 33176
21 TITLE	V.P. D
22 NAME	GREENSTEIN, SID
23 STREET ADDRESS	5131 S.W. 87AVE
24 CITY ST ZIP	MIAMI, FL 33165
31 TITLE	
32 NAME	
33 STREET ADDRESS	
34 CITY ST ZIP	
41 TITLE	
42 NAME	
43 STREET ADDRESS	
44 CITY ST ZIP	
51 TITLE	TD
52 NAME	HARRY B. GOEBEL
53 STREET ADDRESS	1510 SARRIA AVE
54 CITY ST ZIP	CORAL GABLES, FL 33146
61 TITLE	
62 NAME	
63 STREET ADDRESS	
64 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:

Harry B. Goebel

6/19/95 305-666-2793

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

TELEPHONE NUMBER

CR2E037 (3/95)