

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

1999_

DOCUMENT # N23844

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

Principal Place of Business

1510 SARRIA AVE CORAL GABLES FL 33146

US

Mailing Address

1510 SARRIA AVE 1510 SARRIA AVE. CORAL GABLES FL 33146

US

FILED Mar 02, 1999 8:00 am Secretary of State

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2. Principal Pl	ace of Business 405 SW 77 CT	2a. Mailing Address 50	U77 CT	3. Date Incorporated or Qualified 12/07/1987		
Suite, Apt.	#, etc.	Suite. Apt. #, etc.		-4. FEI Number Applied For		
22		27		59-2878377 Not Applicable		
City & State	AMI FLA	City & State	FLA	5. Certificate of Status Desired \$8.75 Additional Fee Required		
Zip	Country	^{Zi} ₂₉ 33/57 ₃₀	TADE	6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees		
24 <i>3315</i>	25 11 14 12	Trust Fund Contribution Added to Fees 10. Name and Address of New Registered Agent				
81 Name A A as A . 1 A cc						
NORMAN RHSSOFF						
HARRIS, BEN 82 Stree			82 Street	Address (P.Q. Box Number is Not Acceptable)		
2235 S.W. 34TH AVE				705 800 118		
MŁAMI FL	MIAMI FL 33145					
<i>3</i>			84 City	MIAMI FL 85 3335		
the best of the state of the st						
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 puthorized 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.						
agent. I am familiar with, and accept the obligations of Section 617.05/37 onda Statutes.						
SIGNATURE	Signature, yped or printed name of registered ager	at and title if applicable. (NOTE: Re	gistered Agent signature re	equired when reinstating) DATE		
12.		D DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE	☐ Change ☐ Additi		
NAME	MAYER, BOB		1.2 NAME			
STREET ADDRESS	10285 S.W. 135 STREET		1.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL		1.4 CITY-ST-ZIP			
TITLE	S	☐ DELETE	2.1 TITLE	☐ Change ☐ Additi		
NAME	ANN MARIE CLYATT		2.2 NAME			
STREET ADDRESS	5421 S.W. 63RD CT		2.3 STREET ADDRESS	,		
1	MIAMI FL		2. 4 CiTY-ST-ZIP			
CITY-ST-ZIP TITLE	D D	☐ DELETE	3.1 TITLE	☐ Change ☐ Additi		
}	ROSCOE, AL		3.2 NAME			
NAME	5861 SW 89TH PL		3.3 STREET ADDRESS			
STREET ADDRESS			3.4. CITY-ST-ZIP	• •		
CITY-ST-ZIP	MIAMI FL D	DELETE	4.1 TITLE	☐ Change ☐ Addit		
	l T		4. 2 NAME	NORMAN KASSOFF 15405 SW77CT		
NAME	JERRY HESTER .		4.3 STREET ADDRESS	15405 C10)777-		
STREET ADDRESS	8605 S.W. 120TH ST.	l	4.4 CITY-ST-ZIP	MIAMI FLA 33157		
CITY-ST-ZIP	MIAMI FL	☐ DELETE	5.1 TITLE	☐ Change ☐ Additi		
1	COEREL HADDY R		5.2 NAME	·		
NAME	GOEBEL, HARRY B 1510 SARRIA AVE.		5.3 STREET ADDRESS			
STREET ADDRESS			5.4 CITY-ST-ZIP			
CITY-ST-ZIP	CORAL GABLES FL	□ DELETE	6.1 TITLE	☐ Change ☐ Additi		
TITLE	VPD	[] OCILIE	6.2 NAME	, , , , , , , , , , , , , , , , , , , ,		
NAME	MEL MANN		6.3 STREET ADDRESS			
STREET ADDRESS	10091 S.W. 145TH ST.					
CITY-ST-ZIP	MIAMI FL		6.4 CITY-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, pr on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR PRINTED NAME OFFICER OR PRINTED NAME OFFICER OR PRINTED NAME OF

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CR2E037 (11/9)