

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N23844

FILED  
Jan 13, 2011  
Secretary of State

**Entity Name:** ANTIQUE AUTOMOBILE CLUB OF AMERICA, SOUTH FLORIDA REGION, INC.

**Current Principal Place of Business:**

10091 S.W. 145TH STREET  
MIAMI, FL 33176 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 16-4008  
MIAMI, FL 33116 US

**New Mailing Address:**

**FEI Number:** 23-2194395

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MELVIN, MANN R  
10091 S.W. 145 ST.  
MIAMI, FL 33176 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: LEAVY, ANDREW  
Address: 9665 NW 49 PLACE  
City-St-Zip: CORAL SPRINGS, FL 33076

Title: S  
Name: SQUIER, ROBERT  
Address: 12900 S.W. 81ST AVE  
City-St-Zip: MIAMI, FL 33156

Title: VP  
Name: HAWA, JEAN  
Address: 9999 SW 71 AVENUE  
City-St-Zip: MIAMI, FL 33156

Title: T  
Name: MELVIN, MANN R  
Address: 10091 S.W. 145 ST.  
City-St-Zip: MIAMI, FL 33176

Title: D  
Name: SHAPIRO, IRA  
Address: 10810 SW 69 COURT  
City-St-Zip: MIAMI, FL 33156

Title: VP  
Name: CASTRO, OSCAR  
Address: 9941 SW 66 STREET  
City-St-Zip: MIAMI, FL 33173

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: MELVIN R. MANN

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01/13/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date