FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT 1996

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

DOCUMENT # P93000076227 (6)

1. Corporation Name
LBJ AUTO SALES & LEASING, INC.

Principal Place of Business	Mailing Address
1381 SOUTH ANDREWS AVE. POMPANO BEACH FL 33069	1381 SOUTH ANDREWS AVE. POMPANO BEACH FL 33069

3. Date Incorporated or Qualified: 11/03/1993
3a. Date of Last Report: 01/26/1995

2. Principal Place of Business	2a. Mailing Address
21 2621 N Dixie Hwy	26 2621 N Dixie Hwy
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Pompano Beach FL	City & State 28 Pompano Beach FL
Zip 24 33064 Country 25 Broward	Zip 29 33064 Country 30 Broward

4. FEI Number: 65-0449343 — Applied For / 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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☑ Yes ☐ No

9. Name and Address of Current Registered Agent

BARASH, LEO
7544 BLACK OLIVE DR.
TAMARAC FL 33321

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE [illegible] DATE

12. OFFICERS AND DIRECTORS

TITLE	D	☐ DELETE
NAME	BARASH, LEO	
STREET ADDRESS	7544 BLACK OLIVE DR.	
CITY-ST-ZIP	TAMARAC FL 33321	
TITLE	D	☐ DELETE
NAME	BARASH, JAMES S	
STREET ADDRESS	7544 BLACK OLIVE DR.	
CITY-ST-ZIP	TAMARAC FL 33321	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 TITLE		☐ Change ☐ Addition
2 NAME		
3 STREET ADDRESS		
4 CITY-ST-ZIP		
2 TITLE		☐ Change ☐ Addition
3 TITLE		☐ Change ☐ Addition
4 TITLE		☐ Change ☐ Addition
5 TITLE		☐ Change ☐ Addition
6 TITLE		☐ Change ☐ Addition

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 report or supplemental 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] 4/5/96 954-784-6294

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone

CR2E034 (12/95)