FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

Mailing Address

2621 N DIXIE HWY

POMPANO BCH FL 33064-4503

Profit Corporation Annual Report

1997

Principal Place of Business

POMPANO BCH FL 33064

2621 N DIXIE HWY



FLORIDA DEPARTMENT OF STATE

FILED

Feb 28 1997 8:00am

Secretary of State

3a. Date of Last Report

954-784-6294

(96/6)

04/09/1996

3. Date Incorporated or Qualified

11/03/1993

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000076227 (6)

LBJ AUTO SALES & LEASING, INC.

2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 325 S.W.14 21 325 S.W. 14 65-0449343 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Election Campaign Financing \$5.00 May Be (Imparo E **Trust Fund Contribution** Added to Fees 8. This corporation has liability for intengible tax under s. 199.032, Yes No Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name Barash, Leo 7544 BLACK OLIVE DR. Street Address (P.O. Box Number is Not Acceptable) TAMARAC FL 33321 63 64 City 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or portion name of registered agent and title it approable OFFICERS AND DIRECTORS 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE THEF 11 TITLE Change ___ Addition BARASH, LEO NAME 1.2 NAME 7544 BLACK OLIVE DR. STREET ADDRESS 1.3 STREET ADDRESS TAMARAC FL 33321 DITY-ST-7P 14 CITY-ST-ZIP D DELETE I-IH 21 TITLE ☐ Change Addition BARASH, JAMES S NAME 22 NAME 7544 BLACK OLIVE DR. STREET ADORESS 2.3 STREET ADDRESS TAMARAC FL 33321 CITY-ST-ZII 2.4 City-St-ZiP DELETE THLE Channe Addition 31 TITLE NAME 3.2 NAME STREET ADORESS 3.3 STREET ADDRESS CITY ST-ZII 3.4. CITY - ST - ZIP TITLE DELETE Change ___ Add-tion 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS OTY-ST ZIP 4.4 CITY - ST - ZIP DELETE Change Addition THEF 5.1 TITLE NAMi 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CHY-ST-ZiP 5.4 CITY - ST-ZIP DELETE TITLE 6.1 TITLE Change Addition N4M 62 NAME STREET ADDRESS 6.3 STREET ADDRESS C-FY-ST-ZIP 64 CITY-ST-ZIP 14. I do 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 of 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.