

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE
Suzanne B. Matheson
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000013826 (0)

1. Corporation Name
WORLD AUTO BROKERS, INC.



Principal Place of Business
1061 AINSIE D.
BOCA RATON FL 33434
US

Mailing Address
1061 AINSIE D
BOCA RATON FL 33434
US

3. Date Reported or Due-See 02/18/1994	3a. Date of Last Report 04/24/1995
4. FE Number 65-0481814	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 is: ☒ Publicly ☐ Privately Held Florida Statutes: ☒ Yes ☐ No	
10. Name and Address of New Registered Agent	

2. Principal Place of Business 21 State Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 State Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent

DASHKOFF, MARTIN
1061 AINSIE D
BOCA RATON FL 33434

81 Name	82 Street Address (P.O. Box Number is Not Acceptable)	83	84 City	FL 85 Zip Code
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11. Pursuant to the provisions of Sections 607.071 and 607.15(1), 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, or other authorized body, and is subject to the appointment as registered agent of an individual, and a receipt of the obligations of Section 607.15(1), Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P DASHKOFF, MARTIN	11 NAME	☐ Change ☐ Addition
NAME	1061 AINSIE D	12 NAME	
STREET ADDRESS	BOCA RATON FL	13 STREET ADDRESS	
CITY-STATE-ZIP		14 CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE		15 NAME	
NAME		16 STREET ADDRESS	
STREET ADDRESS		17 CITY-STATE-ZIP	☐ Change ☐ Addition
CITY-STATE-ZIP		18 NAME	
TITLE		19 STREET ADDRESS	
NAME		20 CITY-STATE-ZIP	☐ Change ☐ Addition
STREET ADDRESS		21 NAME	
CITY-STATE-ZIP		22 STREET ADDRESS	
TITLE		23 CITY-STATE-ZIP	☐ Change ☐ Addition
NAME		24 NAME	
STREET ADDRESS		25 STREET ADDRESS	
CITY-STATE-ZIP		26 CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE		27 NAME	
NAME		28 STREET ADDRESS	
STREET ADDRESS		29 CITY-STATE-ZIP	☐ Change ☐ Addition
CITY-STATE-ZIP		30 NAME	
TITLE		31 STREET ADDRESS	
NAME		32 CITY-STATE-ZIP	☐ Change ☐ Addition
STREET ADDRESS		33 NAME	
CITY-STATE-ZIP		34 STREET ADDRESS	
TITLE		35 CITY-STATE-ZIP	☐ Change ☐ Addition
NAME		36 NAME	
STREET ADDRESS		37 STREET ADDRESS	
CITY-STATE-ZIP		38 CITY-STATE-ZIP	☐ Change ☐ Addition

14. I, the undersigned, hereby certify that the information supplied to the Florida Department of State is true and correct, and that my signature shall have the same legal effect as if made under oath. I am an officer or director of the corporation, or a person authorized by the corporation 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 addition with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

✓ 4-10-96 ✓ 784-9512 (954)

CR2E034 (12/95)