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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P94000013826 (0)

WORLD AUTO BROKERS, INC.

Principal Place of Business

Mailing Address

FILED Feb 03 1997 8:00am Secretary of State



BOCA RATON US		1061 AINSLE D BOCA RATON FL 33434-291 US	0	3, Date Incorporated or Qualified	3a. Date of Last R	eport	
				02/18/1994	04/15/1996		
21 601	lace of Business N.E. 26 COURT		26 COURT	4. FEI Number 65-0481814		plied For at Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	S8.75 / Fee Re		
23 TOWP	ANO BEACH, FL	28 FOMPANO	BEACH, FL	Election Campaign Financing Trust Fund Contribution	\$5.00 Added to		
Zip 24 330			Country	This corporation has liability for i Florida Statutes	Yes 🔲 No	. 199.032,	
	g. Name and Address of Curren	t Registered Agent		10. Name and Address of New Re	gistered Agent		
	shkoff, martin		81 Name				
	1 AINSLIE D		82 Street Addr	82 Street Address (P.O. Box Number is Not Acceptable)			
BOO	CA RATON FL 33434						
			83				
			84 City		FL 85 Zip (Code	
office or r	egistered agent, or both, in the State	of Florida, Such change was au	thorized by the corporat	poration submits this statement for the pation's board of directors. I hereby accept	urpose of changing it	s registered registered	
SIGNATURE	m familiar with, and accept the obliga	,					
	Signature, typed or printed name of registered ago OFFICERS AN		Registered Agent signature requi		DATE		
12.	P OFFICERS AND	DELETE	13.	ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTOR Change	S IN 12 Addition	
NAME	DASHKOFF, MARTIN		1.2 NAME		C. C. ratific	Addation	
STREET ADDRESS	1061 AINSLIE D		1.3 STREET ADDRESS				
CITY-ST-ZIP	BOCA RATON FL		1.4 CITY - ST - ZIP		•		
INLE		DELETE	2.1 TITLE		☐ Change	Addition	
NAME			22 NAME				
STREET ADDRESS			2 3 STREET ADDRESS				
CITY-S1-ZIP			2 4 City - St - ZiP				
1/1LE		☐ DELETE	31 TITLE	,	Change	Addition	
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREET ADDRESS				
CITY-ST-ZiP			3 4, CITY - ST - ZIP				
TITLE		DELETE	4.1 TITLE		Change	Addition	
NAME			4 2 NAME		— *		
STREET ADDRESS			4.3 STREET ADDRESS				
CITY-ST-1/P			4.4 CITY - ST - ZIP				
TOLE		☐ DELETE	5.1 TITLE		☐ Change	Addition	
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET ADDRESS				
CITY - ST - ZIP			5 4 CITY - ST - ZIP				
TITLE		DELETE	6.1 TITLE		☐ Change	☐ Addition	
NAME			62 NAME	•			
STREET ADDRESS			6.3 STREET ADDRESS				
CITY-ST-ZIP			64 CITY-ST-ZIP				
14. I do herel	by certify that the information supplied	d with this filing does not qualify	for the exemption stated	d in Section 119.07(3)(i), Florida Statutes	s. I further certify that	the	
Lamian of	on indicated on this annual report or s fficer or director of the corporation or in Block 12 or Block 13 if changed, or	the receiver or trustee empower	ed to execute this repor	t my signature shall have the same lega rt as required by Chapter 607, Florida S	i errect as if made und tatutes; and that my r	der oath; tha name	

NG OFFICER OR DIRECTOR