## 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 # **P94000035703 (5)**

184TH AUTO AND BOAT CENTER, INC.

Principal Place of Business Mailing Address 1550 SOUTH DIXIE HIGHWAY 1550 SOUTH DIXIE HIGHWAY SUITE 210 SUITE 210 CORAL GABLES FL 33146-3034 **CORAL GABLES FL 33146** 3. Date Incorporated or Qualified 3a. Date of Last Report 08/19/1996 05/09/1994 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0492066 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing П 23 28 Trust Fund Contribution Added to Fees  $Z_{ip}$ Country Zip Country 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes 🔲 No 24 25 29 30 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name LEFF. MICHAEL 1550 SOUTH DIXIE HIGHWAY Street Address (P.O. Box Number is Not Acceptable) **SUITE 210** 83 CORAL GABLES FL 33146 R4 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 Signature, typed or printed name of registered agent and tibe if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. PVD Addition DELETE Change TITLE 11 TITLE LEFF. MICHAEL NAME 1.2 NAME 1550 SOUTH DIXIE HIGHWAY STREET ADDRESS 1.3 STREET ADDRESS CORAL GABLES FL 33146 CITY-ST-ZIF 1.4 CITY-ST-ZIP STD DELETE Addition TITLE 2.1 DILE ☐ Change LOWY, SIMON NAME 2.2 NAME 1550 SOUTH DIXIE HIGHWAY STREET ADDRESS 2.3 STREET ADDRESS **CORAL GABLES FL 33146** 2. 4 CITY-\$1-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4 CITY-ST-ZIP CITY - ST - ZIF DELETE Change Addition 4.1 TITLE TITLE 4. 2 NAME NAME STREET ADDRESS 4.3 STREET ADORESS 4.4 CITY - ST - ZIP C:TY - ST - ZIP Change DELETE Addition 51 TITLE TITLE NAMÉ 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY - ST - ZIP DELETE Addition Change TITLE 61 TITLE NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 6.4 CITY - ST - ZIP

Simon Lawy

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annual rep

14. I do hereby certify that the in

SIGNATURE:

information indicated on the

I am an officer or director appears in Block 12 or Blo

ng does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the

off or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that

1/7/97 305-666-464-4646

**FILED** 

Jan 16 1997 8:00am

Secretary of State