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Apr 29 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P94000039392 (3)

1. Corporation Name

SOUTH FLORIDA AUTO SALES, INC.



Principal Place of Business

13480 SW 248 STREET  
MIAMI FL 33032

Mailing Address

P.O. BOX 824116  
PRINCETON FL 33082-4116

2. Principal Place of Business

21 17 832 S. Dixie Hwy

2a. Mailing Address

26 17832 S. Dixie Hwy

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

22 MIAMI FL

City & State

27 MIAMI FL

Zip

Country

24 33157

Zip

Country

29 33157

30

9. Name and Address of Current Registered Agent

SVADBIK, ANTON  
13480 SW 248 STREET  
MIAMI FL 33032

10. Name and Address of New Registered Agent

81 Name

JOHN SVADBIK

82 Street Address (P.O. Box Number is Not Acceptable)

17832 S. Dixie Hwy

83

84 City

MIAMI

FL

85 Zip Code

33157

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, to 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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

JOHN SVADBIK

4-13-97

12. OFFICERS AND DIRECTORS

TITLE VP  
NAME SVADBIK, ANTON  
STREET ADDRESS 13480 SW 248 STREET  
CITY-ST-ZIP MIAMI FL 33032

TITLE P  
NAME SVADBIK, JOHN  
STREET ADDRESS 13480 SW 248 STREET  
CITY-ST-ZIP MIAMI FL 33032

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE  
12 NAME  
13 STREET ADDRESS  
14 CITY-ST-ZIP

21 TITLE  
22 NAME  
23 STREET ADDRESS  
24 CITY-ST-ZIP

31 TITLE  
32 NAME  
33 STREET ADDRESS  
34 CITY-ST-ZIP

41 TITLE  
42 NAME  
43 STREET ADDRESS  
44 CITY-ST-ZIP

51 TITLE  
52 NAME  
53 STREET ADDRESS  
54 CITY-ST-ZIP

61 TITLE  
62 NAME  
63 STREET ADDRESS  
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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

JOHN SVADBIK

4-13-97

CR2E034 (9/96)