

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 04, 1999 8:00 am
Secretary of State

05-04-1999 90216 017 ***150.00

DOCUMENT # P94000039392

1. Corporation Name
SOUTH FLORIDA AUTO SALES, INC.



Principal Place of Business
17832 S DIXIE HWY
MIAMI FL 33157
US

Mailing Address
17832 S DIXIE HWY
PRINCETON FL 33157
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/19/1994

4. FEI Number
65-0624876

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 13480 SW 24857

Suite, Apt. #, etc.

22 City & State
23 MIAMI FL

24 Zip 33092 25 Country

2a. Mailing Address

26 PO Box 92416

Suite, Apt. #, etc.

27 City & State
28 MIAMI FL

29 Zip 33092 30 Country

9. Name and Address of Current Registered Agent

SVADBIK, JOHN
17832 S DIXIE HWY
MIAMI FL 33157

10. Name and Address of New Registered Agent

81 Name ANTON SVADBIK

82 Street Address (P.O. Box Number is Not Acceptable)
13480 SW 24857

83

84 City MIAMI FL 85 Zip Code 33092

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

ANTON SVADBIK

DATE

4-27-99

12. OFFICERS AND DIRECTORS

TITLE VP ☐ DELETE
NAME SVADBIK, ANTON
STREET ADDRESS 17832 S DIXIE HWY
CITY-ST-ZIP MIAMI FL 33157

TITLE P ☒ DELETE
NAME SVADBIK, JOHN
STREET ADDRESS 17832 S DIXIE HWY
CITY-ST-ZIP MIAMI FL 33157

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS 13480 SW 24857
1.4 CITY-ST-ZIP MIAMI, FL 33092

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ANTON SVADBIK

Date

Daytime Phone #

4-27-99

0273215

CR2E034 (11/98)