


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

FILED
Feb 26, 1999 8:00 am
Secretary of State

02-26-1999 90011 018 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P94000060879

1. Corporation Name

~~FLORIDA AUTO FINANCE CORP.~~

GLOBAL AUTO FINANCE CORP.

Principal Place of Business

~~2600 DOUGLAS ROAD~~
~~911 DOUGLAS CENTRE~~
~~CORAL GABLES FL 33134~~

Mailing Address

~~2600 DOUGLAS ROAD~~
~~911 DOUGLAS CENTRE~~
~~CORAL GABLES FL 33134~~



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/15/1994

4. FEI Number

65-0511155

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

333 N.W. 79 ST

Suite, Apt. #, etc.

City & State

MIAMI FL

Zip

33150

Country

USA

2a. Mailing Address

333 N.W. 79 ST.

Suite, Apt. #, etc.

City & State

MIAMI FL

Zip

33150

Country

USA

9. Name and Address of Current Registered Agent

~~LUSTIG, ROY R ESQ.~~
~~2600 DOUGLAS ROAD~~
~~911 DOUGLAS CENTRE~~
~~CORAL GABLES FL 33134~~

10. Name and Address of New Registered Agent

81 Name

ALAN E. GREENFIELD

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

2600 DOUGLAS ROAD

83

911 Douglas Centre

84 City

CORAL GABLES

FL

85 Zip Code

33134

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]

ALAN E. GREENFIELD

1/11/99

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	LUSTIG, ROY R	
STREET ADDRESS	C/O 2600 DOUGLAS ROAD STE. 911	
CITY-ST-ZIP	CORAL GABLES FL 33134	

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PSTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	ROBERT NORRIS	
1.3 STREET ADDRESS	333 N.W. 79 ST	
1.4 CITY-ST-ZIP	MIAMI, FL 33150	

2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		

3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		

4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		

5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		

6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)