

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

FILED
Apr 21 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # **p95000009150**
1. Corporation Name
EBEN-ETZER AUTO SALES, INC.

Principal Place of Business Mailing Address
7100 N. E. 2nd Avenue Miami, FL. 33137 **SAME**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21 **7100 N.E. 2nd Avenue**
Suite, Apt. #, etc.
22 **MIAMI, FLORIDA**
City & State
23 **33137** **U.S.A.**
Zip Country

2a. Mailing Address
26 **SAME**
Suite, Apt. #, etc.
27 **MIAMI, FLORIDA**
City & State
28 **33137** **U.S.A.**
Zip Country

3. Date Incorporated or Qualified
FEBRUARY 3, 1995

4. FEI Number **65-0596978** 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 or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent
GINETTE SYLVAIN ALZENORD
1101 N.E. 80th Street, Apt. 108
Miami, FL. 33137

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 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 *GINETTE SYLVAIN ALZENORD* **GINETTE SYLVAIN ALZENORD, PRESIDENT 4/11/98**
Signature Title and Name of Registered Agent and Date of Appointment (NOTE: Registered Agent's signature required when reconstituting) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PRESIDENT & MANAGER <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GINETTE SYLVAIN ALZENORD	1.2 NAME	
STREET ADDRESS	1101 N.E. 80th Street, Apt. 108	1.3 STREET ADDRESS	
CITY-ST-ZIP	Miami, FL 33137	1.4 CITY-ST-ZIP	
TITLE	VICE-PRESIDENT & TREASURER <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DIEUVER ALZENORD	2.2 NAME	
STREET ADDRESS	1101 N.E. 80th Street #108	2.3 STREET ADDRESS	
CITY-ST-ZIP	Miami, FL 33137	2.4 CITY-ST-ZIP	
TITLE	SECRETARY <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JULSON SYLVAIN	3.2 NAME	
STREET ADDRESS	1101 N.E. 80th Street #108	3.3 STREET ADDRESS	
CITY-ST-ZIP	Miami, FL 33137	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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***150.00

GINETTE SYLVAIN ALZENORD 4/11/98

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 supplementary 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 *GINETTE SYLVAIN ALZENORD* **GINETTE SYLVAIN ALZENORD 4/11/98 (305) 754-5400**
Signature Title and Name of Signing Officer or Director

CR2E034 (10/97)