

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED
Jun 04 1996 8:00 am
Secretary of State

DOCUMENT # P95000017985 (9)

1. Corporation Name

FAST AUTO LOANS II, INC.

Principal Place of Business

1425 N.E. 163 STREET
N. MIAMI BEACH FL 33169

Mailing Address

1425 N.E. 163 STREET
N. MIAMI BEACH FL 33169



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21 1454 N.E. 163rd St.		26 1454 N.E. 163rd St.		03/06/1995		N/A	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		4. FEI Number		Applied For	
23 N. Miami Beach, FL 33169		28 N. Miami Beach, FL		65-0560611		Not Applicable	
24 33169		25 USA		5. Certificate of Status Desired		☐ \$8.75 Additional Fee Required	
29 33169		30 USA		6. Election Campaign Financing Trust Fund Contribution		☐ \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
SAPIR, M. RICHARD 1645 PALM BEACH LAKES BLVD. SUITE 1200 WEST PALM BEACH FL 33401				81 Name SAPIR, M. RICHARD 82 Street Address (P.O. Box Number is Not Acceptable) 222 Lakeview Ave 83 Suite 1400 84 City West Palm Beach FL 85 Zip Code 33401			

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 date if applicable.

(NOTE: Registered Agent signature required when first state)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	President
NAME	GERARDI, VINCENT	1.2 NAME	Frank Rappacorta
STREET ADDRESS	1425 N.E. 163 STREET	1.3 STREET ADDRESS	87 Peninsula Dr
CITY-ST-ZIP	N. MIAMI BEACH FL 33169	1.4 CITY-ST-ZIP	Babylon, NY 11702
TITLE		2.1 TITLE	Secretary
NAME		2.2 NAME	Vincent Ferrara
STREET ADDRESS		2.3 STREET ADDRESS	141-11 11th Ave
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Malba, NY 11357
TITLE		3.1 TITLE	Vice President
NAME		3.2 NAME	Anthony Civitano
STREET ADDRESS		3.3 STREET ADDRESS	7 Gables St
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Windsorhurst, NY 11751
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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

Frank Rappacorta 5/25/96

Date

516-542-1083

Display Phone #

CR2E034 (12/95)