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Secretary of State

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PROFIT
 CORPORATION
 ANNUAL REPORT
 1999



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

DOCUMENT # P95000017985 (9) ✓

1. Corporation Name
 FAST AUTO LOANS II, INC.
 DBA FAL LENDING

Principal Place of Business
 1454 NE 163RD ST
 N. MIAMI BEACH FL 33169
 US

Mailing Address
 1454 NE 163RD ST
 N. MIAMI BEACH FL 33169
 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/06/1995

4. FEI Number

65-0560811

Applied For

Not Applicable

5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution ☐\$5.00 May Be
Added to Fees8. This corporation owes or has paid the current year intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

10. Name and Address of New Registered Agent

2. Principal Place of Business

21. Suite, Apt. #, etc.

22. City & State

23. Zip

Country

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SIGNATURE

Signature of or limited name of registered agent and title (Block 12)

(Not a Registered Agent signature required when renewing)

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition12. OFFICERS AND DIRECTORS ☐ DELETE

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP ☐ Change ☐ Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP ☐ Change ☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP ☐ Change ☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP ☐ Change ☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP ☐ Change ☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

7.1 TITLE

7.2 NAME

7.3 STREET ADDRESS

7.4 CITY - ST - ZIP

7.5 CITY - ST - ZIP

7.6 CITY - ST - ZIP

7.7 CITY - ST - ZIP

7.8 CITY - ST - ZIP

7.9 CITY - ST - ZIP

7.10 CITY - ST - ZIP

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.

SIGNATURE

Signature and typed or printed name of signing officer or director

CEO

4-29-99

516512-1083

Date

Division 119.07 022700