

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P95000018645 (8)**

1. Corporation Name

DADE AUTO FINANCE CORP.



Principal Place of Business

**7220 N.W. 36TH ST.
SUITE 401
MIAMI FL 33166**

Mailing Address

**7220 N.W. 36TH ST.
SUITE 401
MIAMI FL 33166**

2. Principal Place of Business

21 9541 NW 27 AVE.

State, Apt. #, etc.

22 FLA - FLORIDA

23 33147 **25 USA**

2a. Mailing Address

26 7220 NW 36 STREET

27 SUITE 401

28 FLA - FLORIDA

29 33166 **30 USA**

3. Date Incorporated or Qualified

03/03/1995

3a. Date of Last Report

DEC-31, 95

4. FEI Number

65-0564739

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 has liability for intangible tax under s. 199.032,
Florida Statutes. ☒ Yes ☐ No

10. Name and Address of New Registered Agent

**SERRANO, AANTONIO
7220 N.W. 36TH STREET
SUITE 401
MIAMI FL 33166**

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

(Print or type name of officer or director who signs this statement)

(Print or type name of registered agent who signs this statement)

(Date)

12. OFFICERS AND DIRECTORS

1. TITLE	PSTD	☐ DELETE
2. NAME	SERRANO, ANTONIO	
3. STREET ADDRESS	7220 N.W. 36TH ST. SUITE 401	
4. CITY - ST - ZIP	MIAMI FL 33166	
5. TITLE		☐ DELETE
6. NAME		
7. STREET ADDRESS		
8. CITY - ST - ZIP		
9. TITLE		☐ DELETE
10. NAME		
11. STREET ADDRESS		
12. CITY - ST - ZIP		
13. TITLE		☐ DELETE
14. NAME		
15. STREET ADDRESS		
16. CITY - ST - ZIP		
17. TITLE		☐ DELETE
18. NAME		
19. STREET ADDRESS		
20. CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	☐ Change ☐ Addition
2. NAME	
3. STREET ADDRESS	
4. CITY - ST - ZIP	
5. TITLE	☐ Change ☐ Addition
6. NAME	
7. STREET ADDRESS	
8. CITY - ST - ZIP	
9. TITLE	☐ Change ☐ Addition
10. NAME	
11. STREET ADDRESS	
12. CITY - ST - ZIP	
13. TITLE	☐ Change ☐ Addition
14. NAME	
15. STREET ADDRESS	
16. CITY - ST - ZIP	
17. TITLE	☐ Change ☐ Addition
18. NAME	
19. STREET ADDRESS	
20. 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 or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-20-96

305-696-0810

CR2E034 (12/95)