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PROFIT CORPORATION ANNUAL REPORT



ELORIDA DEPARTMENT DE STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

97 APR 22 AM II: 30 DOCUMENT # P95000025856 (2) SECRETARY OF STATE
TALLAHASSEE, FLORID LE CAR AUTO BROKERS, INC Principal Place of Business Mailing Address 4978 W. COLONIAL DRIVE 4978 W. COLONIAL DRIVE ORLANDO FL 32808 ORLANDO FL 32808-7755 3. Date Incorporated or Qualified 3a. Date of Last Report 03/31/1995 4. FEI Number 06/21/1996 Applied For 2. Principal Place of Business 2a. Mailing Address 21 Not Applicable 26 65-0578083 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State: \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 23 28 Zin Country 2mCountry B. This corporation has liability to angible tax under s. 199.032, 30 Florida Statutes Yes □ No 24 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Fegistered Agent 81 Name MARTINEZ, FRANK M 420 S.W. 138 AVENUE 82 Street Address (P.O. Box Number is Not Acceptable) MIAMI FL 33184 83 84 City Zip Code 85 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

SIGNATURE 4-21-97 tyred or printed proof registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/6) OFFICERS AND DIRECTORS 12 13. DELETE Change Addition 1 1 TITLE TELLE MARTINEZ, FRANK M 1.2 NAME NAME 900002150519--4 STREET ADDRESS 420 S.W. 138 AVENUE 13 STREET ADDRESS -04/22/97--01048--017 ****178.75 ****178.75 Change Addition MIAMI FL 33184 1.4 CITY-ST-ZIP OTY-ST-ZIP THUE DELETE 2.1 TITLE NAME ACOSTA, FELIX M 2.2 NAME STREET ADDRESS 6672 S.W. 135TH COURT 2.3 STREET ADDRESS 0/1Y-51-2iP **MIAMI FL 33183** 2. 4 CITY - ST-ZIP DELETE Change Addition 3.1 TITLE TIBLE NAME 3.2 NAME **33 STREET ADDRESS** STREET ADDRESS 3.4. CITY-ST-ZIP CITY - ST - 702 DELETE ☐ Change Addition THEF 4.1 TITLE NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS City - ST- ZIP 4.4 CITY - ST - ZIP Addition DELETE Change 5.1 TITLE TITLE NAMÉ 5.2 NAME **5.3 STREET ADDRESS** STREET ADDRESS CITY-S1 ZP 5.4 CITY-ST-ZIP DELETE Addition Change THE 6.1 TITLE 6.2 NAME NAME MWR STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY - \$1 - ZIP CHY-SI-ZIP

14. Like hereby certify that the information supplied with this filling 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:

Fruit What I I I OLINED SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER ON DIRECTOR

4-21-97 (305) 207-1917

FILED