

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 17, 1999.
AMOUNT DUE ON OR BEFORE 8/17/99: \$225 (IF DISSOLVED - MINIMUM AMOUNT DUE TO REINSTATE: \$225)

PROFIT CORPORATION
 ANNUAL REPORT
 1996



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

FILED
Aug 06 1996 8:00 am
Secretary of State

DOCUMENT # **P95000053637**

1. Corporation Name
MUFFLERS 4 LESS II, INC.

Principal Place of Business Mailing Address
460 S. STATE ROAD 7 HOLLYWOOD, FL 33023 **460 S. STATE ROAD 7 HOLLYWOOD, FL 33023**

2. Principal Place of Business: 2a. Mailing Address
 21 **BROWARD COUNTY, FL** 26 **460 S. STATE ROAD 7**
 State, Apt. #, etc. State, Apt. #, etc.
 22 **HOLLYWOOD, FLORIDA** 27 **HOLLYWOOD, FLORIDA**
 City & State City & State
 23 **33023** 25 **BROWARD** 29 **33023** 30 **BROWARD**
 Zip County Zip County

3. Date Incorporated or Qualified **7/95** 3a. Date of Last Report **2/26/96**
 4. FEI Number **65-0593854** 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. 193.032, Florida Statutes. Yes No

9. Name and Address of Current Registered Agent
ALEXANDRA TABRAUE
3235 N.W. 123 TERRACE
SUNRISE, FLORIDA 33323

10. Name and Address of New Registered Agent
 81 Name **JONATHAN TABRAUE**
 82 Street Address (P.O. Box Number is Not Acceptable) **14007 LAKE LURE COURT**
 83 **MIAMI LAKES** **FL** 85 Zip Code **33014**
 84 City

11. Pursuant to the provisions of Section 193.032, 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 under Section 193.032, Florida Statutes.

SIGNATURE: *Jonathan Tabraue* **JONATHAN TABRAUE/DIRECTOR/PRESIDENT, 7/27/96**

12. OFFICERS AND DIRECTORS

TYPE	DP	<input checked="" type="checkbox"/> OFFICER
NAME	DANIEL TABRAUE	
STREET ADDRESS	3235 N.W. 123 TERRACE	
CITY & STATE	SUNRISE, FLORIDA 33323	
ZIP	DVS	<input checked="" type="checkbox"/> OFFICER
NAME	ALEXANDRA TABRAUE	
STREET ADDRESS	3235 N.W. 123 TERRACE	
CITY & STATE	SUNRISE, FLORIDA 33323	<input checked="" type="checkbox"/> OFFICER
ZIP	T	
NAME	ROBERT DURDEN	
STREET ADDRESS	14145 N.E. 8TH AVENUE	
CITY & STATE	N. MIAMI, FLORIDA	<input type="checkbox"/> OFFICER
ZIP	33161	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TYPE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JONATHAN TABRAUE	
STREET ADDRESS	14007 LAKE LURE COURT	
CITY & STATE	MIAMI LAKES, FLORIDA 33014	
ZIP	DVST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MELANIE TABRAUE	
STREET ADDRESS	14007 LAKE LURE COURT	
CITY & STATE	MIAMI LAKES, FLORIDA 33014	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ZIP		

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 ***70.00

SIGNATURE: *Melanie Tabraue* **MELANIE TABRAUE 7/27/96 (954) 983-1333**

CR2E034 (3/96)