2-9.98 B- 1761 -C

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

P95000054905 (1)

DOCUMENT # P950 UNION AUTO FINANCE, INC.

Principal Place of Business Mailing Address

3755 NW 62 STREET PO BOX 3096
MIAMI FL 33142 HILEAH FL 33013

FILED Feb 09 1998 8:00am Secretary of State



MIAMI FL 33142			HILEAH FL 33013					DO NOT WRITE IN THIS SPACE			
								3. Date Incorporated or Qualified	j		
- D				Anthrea Arlebone				07/17/1995 4. FEI Number		TA:	polied For
2. Principal Place of Business				2e. Mailing Address				1 ** * * * * * * * * * * * * * * * * *		<u> </u>	t Applicable
21 7300 SW 8 STREET Suite, Apt. #, etc.				26 7300 SW 8 STREET Suite, Apt. #, etc.				65-0600859		\$8.75	
Suite, Apt. #, etc.				27				5. Certificate of Status Desired	I	Fee Re	
City & State	 !		City & State				6. Election Campaign Financing		\$5.00	May Be	
23 M	MIAMI, FL			28 MIAMI, FL				Trust Fund Contribution		Added t	
Zip		untry		7 _i p	С	ountry	′	8. This corporation owes or has	paid the cu	rrent year int	angible
24 3314	44 25	USA	29	33144	30	US	Α	Personal Property Tax due Ju			No
	g, Name and A	ddress of Curren	t Registe	red Agent		-		10. Name and Address of New	Registered	Agent	
SPA	ARLER, SYLVIA	ALARCON ESQ.				81	Name				
410	O SOUTH DIXIE		83			82 Street Address (P.O. Box Number is Not Acceptable)					
SU	ITE C										
WE	ST PALM BEACI										
						84	City			85 Zip (Code
							'		<u>FL</u>		
11. Pursuant to office or re	o the provisions of egistered agent, or	Sections 607.050 both, in the State	2 and 601 of Florida	7.1508, Florida Stat a. Such change wa	tutes, the s authori	abov zed by	e-named co y the corpo	orporation submits this statement for the ration's board of directors. I hereby ac-	e purpose o cept the ap	or changing it pointment as	s registered registered
agent I ar	n familiar with, and	accept the oblig-	ations of,	Section 607.0505,	Florida S	tatute	S.				
SIGNATURE	SYLVIA	ALARCO	V SP#	RLER	OIL Projet	orod Ao	ent pincalura re	guired when reinstating)	2-2-9	·8	
12.	giffuguire, tylisia or binne:	OFFICERS AN			1:		en signature re	ADDITIONS/CHANGES TO OF	FICERS AN	D DIRECTOR	IS IN 12
TITLE	DPS			DELETE		1 TITLE				Change	Addition
NAME	GONZALEZ, V	MILLIAM D			1.3	2 NAME					
STREET ADDRESS	1041 N.E. 83						ADDRESS				
CITY-ST-ZIP	MIAMI FL 331					4 CITY-S					
TITLE	***************************************			DELETE		TITLE				Change	Addition
NAME					2	2 NAME					
STREET ADDRESS					2	3 STREE	ADDRESS				
CITY-ST-ZIP					2.	4 CITY-	ST-ZIP				
TITLE				☐ DELETE	3.	1 TITLE				Change	Addition
NAME					3.	2 NAME	1				
STREET ADDRESS					3.	3 STREE	T ADDRESS				
CITY-ST-ZIP				. <u> </u>	3.	4. CITY-	ST-ZIP				
TITLE				☐ DELETE	4.	1 TITLE				☐ Change	Addition
NAME					4.	2 NAME	ŀ				
STREET ADDRESS					4.	3 STAEE	T ADDRESS				
CITY-ST-ZIP					4.	4 CITY-	ST-ZIP				
TITLE				DELETE	5.	1 TITLE				☐ Change	Addition
NAME					5.	2 NAME	1				
STREET ADDRESS					5.	3 STREE	T ADDRESS				
CITY-ST-ZIP					5.	4 CITY-	S1-ZIP	- Links represent the second s			
TITLE				DELETE	6.	1 TITLE	T			Change	Addition
NAME					6.	2 NAME					
STREET ADDRESS					6.	3 STREE	T ADDRESS	•			
CITY+ST-ZIP		/			6.	4 CITY-	ST-ZIP				
14. I hereby o	certify that the infor	mation supplied y	yith this fil	ing does not qualif	v for the	exemi	otion stated	in Section 119.07(3)(i), Florida Statute	s. I further o	pertify that the	informa

4. Thereby certify that the information spipplied with this filling does not quality for the exemption stated in Section 119.07(5)(i), Florida Statutes. Florida certify that the information indicated on this annual report or spiplemental 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 foceiver or distinct on the foceiver of distinct of the following statutes; and that my name appears in Block 12 or Block 13 if changes, or on an attachment with a paddress.

SIGNATURE:

2-2-90

305-267-333