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PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

חחרוי	1996 SMENT # P956		OF CORPORATIONS			
1. Corporation	AUTO DEPOT USA, INC.	000063205 (5)		-	
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Principal Place	e of Business	Mailing Address			ILIO GOAL BENN BIKER AND I	
4131 NORTHEAST 6 AVENUE OAKLAND PARK FL 33334		4131 NORTHEAST 6 AVENUE OAKLAND PARK FL 33334				
2 Principal D				 Date Incorporated or Qualified 08/16/1995 	3a. Date of Last	Report
2. miliupare 1	lace of Business	2a. Mailing Address		4. FEI Number		Applied For
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		65-0601420)	Not Applicable
2		27		5. Certificate of Status Desired	1 1	5 Additional
City & State	е	City & State		Election Campaign Financing Trust Fund Contribution	\$5.0	OO May Be
Zip 4	Country	Zip	Country	This corporation has liability for	intangible tax under	ed to Fees
<u>- 1</u>	25 9. Name and Address of Cu	29 Irrent Begistered Agent	30	Florida Statutes Yes	s 🗾 No	0 100.002,
	<u> </u>	irrent Registered Agent	81 Name	10. Name and Address of New F	Registered Agent	
	GABLES FL 33134	0500 and 607 1500 Fig. 1 200	83 84 City		FL 85 Z	ip Code
 Pursuant te or registere familiar wit 	ed agent, or both, in the State of Fi th, and accept the obligations of, S	Florida. Such change was authori Section 607.0505, Florida Statute	ites, the above-named corporation's boards. See the corporation's boards.	oration submits this statement for the pur ard of directors. I hereby accept the appx	rpose of changing its ointment as registere	registered office d agent. I am
SIGNATURE		·				registered office d agent. I am
IGNATURE _	Signature, typed or printed name of registered a OFFICERS	agent and title if applicable IN	ites, the above-named corporated by the corporation's boats. OTE: Registered Agent signature require 13.	ed when reinstating)	DATE	
SIGNATURE	Styrature, typed or printed name of registered a OFFICERS	agent and tille if applicable (N	OTE Registered Agent signature require		DATE	
IGNATURE _ 2, TLE	Signature, typed or printed name of registered a OFFICERS PD MARKS, JERRY	agent and title if applicable (K. AND DIRECTORS	OTE Registered Agent signature require 13. 1.1 TiTLE 1.2 NAME	ed when reinstating)	DATE ICERS AND DIRECTO	DRS IN 12
IGNATURE	Signature, typed or printed name of registered a OFFICERS PD MARKS, JERRY 4131 NORTHEAST 6 AVE	agent and title if applicance in AND DIRECTORS DELETE	13. 1.1 TiTLE 1.2 NAME 1.3 STREET ADDRESS	ed when reinstating)	DATE ICERS AND DIRECTO	DRS IN 12
Q. 1LE AME TREET ADDRESS TY-ST-ZIP	Signature, typed or printed name of registered a OFFICERS PD MARKS, JERRY 4131 NORTHEAST 6 AVEI OAKLAND PARK FL 3333 VSD	agent and title if applicance in AND DIRECTORS DELETE	OTE Registered Agent signature require 13. 1.1 TiTLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	ed when reinstating)	DATE ICERS AND DIRECTO Change	ORS IN 12
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