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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

1. Corporation I	MENT # P95000 S AUTO BROKERS INC.	0069231	(5)				
Principal Place of	of Business	Mailing Address				18101 28116 8111	(0 }01)E 11000 11101 1201 1001
1452 OSCEOL		1452 OSCEOLA F	PARKWAY				
SUITE J	a contain.	SUITE J					
KISSIMMEE FI	L 34744	KISSIMMEE FL 3	1744		3. Date Incorporated or Qualified 09/05/1995	3a. Date	of Last Report
Principal Pla	ce of Business	2a. Mailing Address			4. FEI Number		Applied For
2695	N. ORANGE BLOSSOM	26			59-333/5/5		Not Applicable
Suite, Apt. #	, etc.	Suite, Apt. #, et	.c.		5. Certificate of Status Desired		\$8.75 Additional Fee Required
		City & State			6. Election Campaign Financing		\$5.00 May Be
City & State	mmee FL	28			Trust Fund Contribution		Added to Fees
Zip	Country	Zip	Countr	у	B. This corporation has liability for		x under s. 199.032,
a		29	30		Florida Statutes	No No	
<u> </u>	9. Name and Address of Curren		8	I Name	10. Name and Address of New F	Registered A	Agent
SUITE J KISSIMM	ECEOLA PARKWAY IEE FL 34744 o the provisions of Sections 607,0502	and 607.1508, Florida Such 2008	8: 8: Statutes, the above	180 4 City K	9 BARADISE DATU (ISS/MIME) oration submits this statement for the pu and of directors. Thereby accept the app	FL	85 Zip Code 3 47 4/ anging its registered offi registered agent. I am
familiar wit	ed agent, or both, in the State of Flori h, and accept the obligations of, Sect Signature, typed or printed hame of registered agent	100 BD7,0005, FIDRICA SC	atutes.				
					rout when repeatating)	DATE	
2.	OFFICERS AN	D DIRECTORS	13.	1	ம் Lvd டென்னச்செற் ADDITIONS/CHANGES TO OF	ICERS AND	
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12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	PD LAPIDO, OSVALDO 1452 OSCEOLA PARKWAY KISSIMMEE FL 34744 VP QUIROGA, ROBERTO 1452 OSCEOLA PARKWAY	D DIRECTORS DELET DELET	### 13. ### 13. ### 1.1 TITL 1.2 NAM 1.3 STRE 2.4 CTY ### 3.1 TITL 3.2 NAM 3.3 STRE 3.4 CTY #### 4.1 TITL 4.2 NAV 4.3 STRE 4.1 TITL 5.2 NAM 5.3 STR 5.4 CTY #### 5.5 STR 5.4 CTY #### 5.5 STR 5.4 CTY	E E E ADDRESS -ST-ZIP E E E E ADDRESS -ST-ZIP F E E EF ADDRESS -ST-ZIP E E E E ADDRESS -ST-ZIP E E ADDRESS -ST-ZIP E E ADDRESS -ST-ZIP E E ADDRESS -ST-ZIP	ADDITIONS/CHANGES TO OF	UE 3474/	Change Addition Change Addition Change Addition

63 STREET ADDRESS

64 CITY - \$1 - ZIF

SIGNATURE:

14. I do hereby certify that the information succertify that the information indicated on the oath; that I am an officer or directly of the appears in Block 12 or Block/14 if ct.

STREET ADDRESS

CITY-S3-ZIP

ND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

by Un-SI-ZIF 1. Indicate with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes. I further fundal report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under disporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name d, or on an attachment with an address. 3/20/96 (401) 870-2525