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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000026113 (6)

CARSOF OF BROWARD, INC.

FILED May 16 1997 8:00am Secretary of State

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Principal Place of Business Mailing Address					r nobliggol tild koker derkt dørkt dørkt bøkkt bling silver bling i had higger frit i frat			
7804 S.W. 8TH STREET NORTH LAUDERDALE FL 33068		7604 S.W. 8TH STREET NORTH LAUDERDALE FL 33068-1317						
						3. Date Incorporated or Qualified 3a. D. 03/19/1996	ate of Last R	Report
ı	lace of Business	2a. Mailing Address				4, FEI Number		oplied For
21		26						ot Applicable
Sule, Apt.	#, 613	Suite, Apt. #, etc.				5. Certificate of Status Desired		Additional equired
City & Stat	е	City & State				6. Election Campaign Financing	\$5.00	May Be
23		28			·····	Trust Fund Contribution		to Fees
Zip	Country	Zip	·	ountry	1 .	8. This corporation has liability for intangible		s. 199.032,
24	25	[29]	30			Florida Statutes Yes		
	g, Name and Address of Curre	nt Registered Agent		81	Line	10. Name and Address of New Registered	Agent	
CAP	RRILLO, CARLOS			61	Name			
760	4 S.W. 8TH STREET			82	Street	Address (P.O. Box Number is Not Acceptable)		
NOF	RTH LAUDERDALE FL 33068			83	ļ		 	······································
				63	•			
				84	City		85 Zip	Code
		,			l	corporation submits this statement for the purpose of		
SIGNATURE	Signature, typed or pointed name of registered as	gent and the if applicable (N ND DIRECTORS			ant signature	required when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS ANI	DIRECTO	DC IAI 12
12. THE	PD OFFICERS AI	DELETE	13	TITLE		ADDITIONS/CHANGES TO OFFICERS AND	Change	Additio
NAME	CARRILLO, CARLOS			NAME				band the sec
STREET ADORESS	7604 S.W. 8TH STREET				ADDRESS			
CHY-S1-ZIP	NORTH LAUDERDALE FL 330	168	1	CITY-S				
TITLE		☐ DELETE		TITLE			Change	Additio
NAMI			2.2	NAME				
STREET ADDRESS			2.3	STREET	ADORESS			
City - St - 7th			2.	4 CITY-	ST-ZIP			
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NAME				NAME				
STREET ADDRESS					ADDRESS			
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CITY-S1-7IP				CITY-S		9000021955 -05/30/97010050 ***165.00		
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NAM (6.2	NAME				00
STREET ADDRESS			6.3	STAEET	T ADDRESS			CS 5/16/9
CHY - ST - ZIP			6.4	CITY-5	17. 7iP			2/16/9

14. I do hereby certify that the information supplied with this filing 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 tam 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: