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

DOCUMENT # P96000026113 (6)

CARSOF OF BROWARD, INC.

FILED Apr 27 1998 8:00am Secretary of State

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Principal Place of Business Mailing Address										I INDIAÇON IN IBNIN BININ BONIN PON	i Bâ ill Ba ld h ai	THE BILLET I	fill til	MA NUL 1889	
7604 S.W. 8TH STREET				7604 S.W. 8TH STREET					ļ				3		
NORTH LAUDERDALE FL 33068				NORTH LAUDERDALE FL 33068						DO NOT WRITE IN THIS SPACE					
									1	3. Date Incorporated or Qualified					٦
										03/19/1996					1
2. Principal	Place of Busin	a, Mailing Ad	, Mailing Address					4. FEI Number			Applied For				
21				26						NOT APPLICABLE			Not	Applicable	_
Suite, Apt. #, etc.				Suite, Apt. #, etc.						5. Certificate of Status Desired				dditional	7
22				27						3, Certificate of States Deares		Fee	∍ Req	ulred	
City & State				City & State]	6. Election Campaign Financing				Aay Be	
Zip		21	Zip Cou.			entry		+	Trust Fund Contribution				Fees	4	
24	Country 25			-¬ `	30			y		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No					
24 25 29 29 29 Name and Address of Current Registered Agent										10. Name and Address of New Registered Agent					
CARRILLO, CARLOS															7
7604 S.W. 8TH STREET							62	Street A	Address	s (P.O. Box Number is Not Accepta	able)				-
NORTH LAUDERDALE FL 33068										TO TO THE PROPERTY OF THE PROP					
							В3				•				
							84	City				85 2	Zip Cı	ode	-
								•			<u>FL</u>				
11. Pursuan office or agent. I	nt to the provis r registered ag am familiar wi	ions of Sections 60 jent, or both, in the ith, and accept the	7.0502 and State of Floor obligations	£607.1508, Fl orida. Such ch of, Section 6	orida Statut iange was i 07.0505, Fli	es, the al authorize orida Stal	oove d by utes	-named of the corpo	corpora oration	ition submits this statement for the 's board of directors. I hereby acc	purpose of ept the app	changir ointment	ng its Las re	registered egistered	
SIGNATURE		·													
	Signature typed	or printed name of registe			{NO1		d Age	nt signature r	required w	hen reinstating)	DATE	DIRECT			6
12. TITLE	PD	OFFICER	S AND DIF		DELETE	13.	71.5			ADDITIONS/CHANGES TO OFF	ICERS AND	DIREC Chan		Addition	~ ~
NAME	, , -	LLO, CARLOS			DEEC 14	1.2 N							go	L.J ROOMON	
STREET ADDRESS						ADDDLCC							FOR		
STREET ADDRESS 7604 S.W. 8TH STREET OITY-ST-ZIP NORTH LAUDERDALE FL 33068							1.3 STREET ADDRESS 1.4 CITY-ST-ZIP								
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NAME						3.2 N	ME								
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NAME CYNEET ARROYS						5.2 N		.000000							
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NAME	f					6.2 N/							e-		
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	'					6.4 CI									
CITY-ST-ZIP	and the short sh	o internation a soul	in al colds. the		-1	0.4 (-1	11'31	- 411	el in Car	ation 110 07/21/i) Florida Statutos	I do with not now	tifu that	Ale a is	formation	-1

I. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(t). 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 I am 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 chapted, or on an attachmost with an address.

10/00/91