FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

FILED
Jul 29 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96 0000 28082

1. Corporation Name
Autos Bring Cash, INC.

Principal Place of Business / Mailing Address
5229 North State Road 7
Tamarac, Fl. 33319

AMENDED

3. Date Incorporated or Qualified: 4/1/96
3a. Date of Last Report: 1997

2. Principal Place of Business
21 5229 N State Rd 7
22 Suite, Apt. #, etc.
23 City & State: Tamarac, Fl
24 Zip: 33319
25 Country: Broward

2a. Mailing Address
26
27 Suite, Apt. #, etc.
28 City & State
29 Zip
30 Country

4. FEI Number: 65-0714805 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

Richard C. Mondalbano
5227 N State Road 7
Tamarac, Fl. 33319

10. Name and Address of New Registered Agent

81 Name: Diane Mondalbano
82 Street Address (P.O. Box Number is Not Acceptable): 5229 North State Road 7
83
84 City: Tamarac **FL** 85 Zip Code: 33319

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Richard Mondalbano Diane Mondalbano 7/23/97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	President / Dir	☐ DELETE	1.1 TITLE		☐ Change ☒ Addition
NAME	Diane Mondalbano		1.2 NAME		
STREET ADDRESS	5229 North State Road 7		1.3 STREET ADDRESS		
CITY-ST-ZIP	Tamarac Fl 33319		1.4 CITY-ST-ZIP		
TITLE	Treasurer/Dir	☐ DELETE	2.1 TITLE		☐ Change ☒ Addition
NAME	Carolyn Etstovitz		2.2 NAME		
STREET ADDRESS	5229 North State Road 7		2.3 STREET ADDRESS		
CITY-ST-ZIP	Tamarac, Fl 33319		2.4 CITY-ST-ZIP		
TITLE	Secretary/Dir	☐ DELETE	3.1 TITLE		☐ Change ☒ Addition
NAME	Kelly Levitt		3.2 NAME		
STREET ADDRESS	5229 North State Road 7		3.3 STREET ADDRESS		
CITY-ST-ZIP	Tamarac, Fl.		3.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	Richard C Mondalbano		4.2 NAME		
STREET ADDRESS	5227 N State Rd 7		4.3 STREET ADDRESS		
CITY-ST-ZIP	Tamarac, Fl 33319		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME	300002255923 -08/04/97--01002--042 ***61.25	PE 7-29
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (9/96)

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 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 changed, or on an attachment with an address.

SIGNATURE: Diane Mondalbano 7/23/97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #