

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

FILED

Feb 05 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P96000034006 (2)**

1. Corporation Name

FLORIDA AUTOMOBILE WAREHOUSE, INC.

Principal Place of Business

**5730 S.W. 25 ST.
HOLLYWOOD FL 33023**

Mailing Address

**1020 S.W. 85 AVE.
PEMBROKE PINES FL 33023**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/18/1996

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

65-0682866

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

City & State

City & State

23

28

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

Zip

Country

Zip

Country

24

25

29

30

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

**GARCIA, EDWARD
1020 S.W. 85 AVE.
PEMBROKE PINES FL 33023**

10. Name and Address of New Registered Agent

81 Name

REYNALDO VEGA

82 Street Address (P.O. Box Number is Not Acceptable)

83

SAME

84 City

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1/30/98

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	GARCIA, EDWARD	
STREET ADDRESS	1020 S.W. 85 AVE.	
CITY-ST-ZIP	PEMBROKE PINES FL 33023	

TITLE	DP	<input type="checkbox"/> DELETE
NAME	VEGA, REYNALDO	
STREET ADDRESS	1020 S.W. 85 AVE.	
CITY-ST-ZIP	PEMBROKE PINES FL 33023	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

14. I 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: **SIGNATURE REQUIRED**

1/30/98 305-652-8886

CR2E034 (10/97)