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

PROFIT CORPORATION ANNUAL REPORT

1998



FI ORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000050036 (8)

D & A AUTO SALES, INC.

FILED
May 07 1998 8:00am
Secretary of State

Principal Place	of Business	Mailing Address	1						
1387 NW 65 AVE PLANTATION FL 33313		10630 NW 14TH ST SUITE 111 PLANTATION FL 33322 US		<b>COPP</b>		DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified  06/12/1996			
2. Principal Place of Business		2a. Mailing Address				4. FEI Number	Applied For		
21 /		26				65-0700491	Not Applicable		
Sulte, Apt. #, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State		City & State				Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees		
Zip <b>24</b>	Country 25	Zip 29	30 Co.	Gountry 30		8. This corporation owes or has paid the currer Personal Property Tax due June 30.	· 🛶 ·		
9. Name and Address of Current Registered Agent						10. Name and Address of New Registered Ag	ent		
	NLO, SARA			81	Name				
	' NW 65 AVE VTATION FL 33313			82	Street Addres	ress (P.O. Box Number is Not Acceptable)			
				83			•		
				B4	City	FL	85 Zip Code		
11. Pursuant to	the provisions of Sections 607.	0502 and 607.1508, Florida St	tatutes, the al	bove	named corpor	oration submits this statement for the purpose of ch	nanging its registered		

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 prefert name of registered agest and 65 e if applicable	(NOTE Registered Agent signature i	re required when reinstating) DAT(
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PTSD DELETE	1.1 TITLE	Change Addi
NAME	<b>af</b> lalo, sara	1.2 NAME	
STREET ADDRESS	1750 NW 17TH AVE	1.3 STREET ADDRESS	•
CITY-ST-ZIP	<b>PLANTATION FL</b>	1.4 CITY-ST-ZIP	
TITLE	DELETE	2.1 TITLE	Change Addi
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2. 4 C(1Y-ST-ZIP	<b>→</b>
TITLE	DELETE	3.1 TITLE	Change Addi
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	DELETE	4.1 TITLE	Change Addi
NAME		4. 2 NAME	
STREET ADDRESS		4.3 STHEET ADDRESS	
CITY-ST-ZIP		4.4 CITY - ST - ZIP	
TITLE	DELETE	5.1 TITLE	☐ Change ☐ Addi
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	DELETE	61 TITLE	☐ Change ☐ Addi
NAME		62 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-7IP		6 & CiTy . ST . 7/P	

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: Sur a della

04/04/90

OKU-475,9484