

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

**FILED**

**Apr 21 1997 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P96000061236 (1)**  
1. Corporation Name  
**E.J. AUTO SALES INC.**



Principal Place of Business <b>18 WINDSOR LANE BOYNTON BEACH FL 33436</b>	Mailing Address <b>19 WINDSOR LANE BOYNTON BEACH FL 33436-6064</b>
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3. Date Incorporated or Qualified <b>07/23/1996</b>	3a. Date of Last Report
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2. Principal Place of Business 21 <b>6504 NW 78TH PL</b> Suite, Apt. #, etc.	2a. Mailing Address 26 <b>6504 NW 78TH PL</b> Suite, Apt. #, etc.
22 City & State 23 <b>PARKLAND FL</b>	27 City & State 28 <b>PARKLAND FL</b>
24 Zip 25 <b>33067</b>	29 Zip 30 <b>33067</b>

4. FEI Number <b>05-0691857</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent  
**RAMOS, FRANK J  
19 WINDSOR LANE  
BOYNTON BEACH FL 33436**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable) <b>6504 NW 78TH PLAGE</b>
83
84 City <b>PARKLAND</b> FL 85 Zip Code <b>33067</b>

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: *Frank Ramos* **Frank Ramos** **4/3/97**  
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	<b>PD</b>	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>RAMOS, FRANK</b>	1.2 NAME	
STREET ADDRESS	<b>19 WINDSOR LANE</b>	1.3 STREET ADDRESS	<b>6504 NW 78TH PL</b>
CITY-ST-ZIP	<b>BOYNTON BEACH FL 33436</b>	1.4 CITY-ST-ZIP	<b>PARKLAND FL 33067</b>
TITLE	<b>SD</b>	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>RAMOS, ELISA</b>	2.2 NAME	
STREET ADDRESS	<b>19 WINDSOR LANE</b>	2.3 STREET ADDRESS	<b>6504 NW 78TH PL</b>
CITY-ST-ZIP	<b>BOYNTON BEACH FL 33436</b>	2.4 CITY-ST-ZIP	<b>PARKLAND FL 33067</b>
TITLE	<b>TD</b>	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>RAMOS, ELISA</b>	3.2 NAME	
STREET ADDRESS	<b>19 WINDSOR LANE</b>	3.3 STREET ADDRESS	<b>6504 NW 78TH PL</b>
CITY-ST-ZIP	<b>BOYNTON BEACH FL 33436</b>	3.4 CITY-ST-ZIP	<b>PARKLAND FL 33067</b>
TITLE	<b>VD</b>	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>RAMOS, FRANK</b>	4.2 NAME	
STREET ADDRESS	<b>19 WINDSOR LANE</b>	4.3 STREET ADDRESS	<b>6504 NW 78TH PL</b>
CITY-ST-ZIP	<b>BOYNTON BEACH FL 33436</b>	4.4 CITY-ST-ZIP	<b>PARKLAND FL 33067</b>
TITLE	<b>D</b>	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>RAMOS, FRANK</b>	5.2 NAME	
STREET ADDRESS	<b>19 WINDSOR LANE</b>	5.3 STREET ADDRESS	<b>6504 NW 78TH PL</b>
CITY-ST-ZIP	<b>BOYNTON BEACH FL 33436</b>	5.4 CITY-ST-ZIP	<b>PARKLAND FL 33067</b>
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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, on an attachment with an address.

SIGNATURE: *Frank Ramos* **Frank Ramos** **4/8/97 (954) 796-2222**

CR2E034 (9/96)