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 # 1. Corporation Name P96000069173 (8)

LEJEUNE AUTO WHOLESALE, INC.

FILED May 05 1998 8:00am Secretary of State

CESTONE ACTO WINDLEGALL, IN	0.			
Principal Place of Business	Mailing Address			70110 (0101 01011 00908 0111 108!
709 LEJEUNE RD.	709 LEJEUNE RD.			
MIAMI FL 33128	MIAMI FL 33126			
			DO NOT WRITE IN THI	S SPACE
			3. Date Incorporated or Qualified	
2, Principal Place of Business	2a, Mailing Address		08/20/1996 4. FEI Number	A - 1: -1 F
21	26		65-0687991	Applied For Not Applicable
Suite, Apt. #, etc.	Suite. Apt. #, etc.			\$8.75 Additional
22	27		5. Certificate of Status Desired	Fee Required
City & State	City & State		6. Election Campaign Financing	\$5.00 May Be
23	28		Trust Fund Contribution	Added to Fees
Zip Country	Žip	Country	8. This corporation owes or has paid the o	
24 25		30	Personal Property Tax due June 30.	Yes No
9. Name and Address of Curre	ent Registered Agent		10. Name and Address of New Registere	d Agent
Brodeur, Richard		81 Name		
709 LEJEUNE RD.		82 Street Addr	ess (P.O. Box Number is Not Acceptable)	
MIAMI FL 33126				
		83		
		84 City		85 Zip Code
			F	
11. Pursuant to the provisions of Sections 697.05 office or registered agent of both in the Stat	02∕and 607.1508, Florida Statutes o∕of Florida. Such change was au	s, the above-named corp Ithorized by the corporati	oration submits this statement for the purpose on's board of directors. I hereby accept the a	of changing its registered
agent. I am familial with and auctipityte out	gations of, Section 607.0505, Flori	ida Statutes		ppominism do registorea
SIGNATURE	- Richard Bro	deur		4.98
Signature, typed or printed name of region routh. OFFICERS At	ND DIRECTORS	Registered Agent signature require 13.	ADDITIONS/CHANGES TO OFFICERS AI	
TITLE D	DELETE	1.1 TITLE	ADDITIONS/CHAINGES TO OFFICERS A	Change Addition
NAME BRODEUR, RICHARD		1.2 NAME		C onungo C nounton
STREET ADDRESS 709 LEJEUNE RD.		13 STREET ADDRESS		
CITY-ST-ZIP MIAMI FL 33126		14 CITY-ST-ZIP		
TITLE	DELETE	21 TIFLE	· · · · · · · · · · · · · · · · · · ·	Change Addition
NAME		2.2 NAME		_ , _
STREET ADDRESS		2.3 STREET ADDRESS		
City-St-ZIP		2. 4 CITY - ST- ZIP		
TITLE	DELE te	3.1 TITLE		☐ Change ☐ Addition
NAME		3.2 NAME		
STREET ADDRESS		3.3 STREET ADDRESS		
CITY-ST-ZIP		3.4. City-St-ZiP		
TITLE	DELETE	4.1 TITLE		Change Addition
NAME		4. 2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE	☐ DELETE	5.1 TITLE		Change Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADORESS		
CITY-ST-ZIP	OCLETE	5.4 CITY-S1-ZIP		
TITLE	DELETE	6.1 TITLE		Change Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
14. I hereby certify that the information supplied w	with this filing does not qualify for	64 CITY-ST-ZIP	Section 119 07/9Vi) Florida Statutas 1 further	certify that the information
The state of the s	and imperior flot dominy for	and promption stated in c	socion i retoriogy, monua statutes, i luttier t	Jeruny Ciai ine IHOMMAIION

report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an trustee grupowered to execute this report as required by Chapter 607, Florida Statules; and that my name appears in with an address.