

**FILE NOW: FILING FEE AFTER MAY 1 IS \$500.00**

APPROVED  
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97 SEP 11 PM 9:04

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>AMENDED PROFIT CORPORATION ANNUAL REPORT</b> <b>1997</b> \$61.25		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P96000091496**  
1. Corporation Name

**RUDI'S AUTO SALES, INC.,**

Principal Place of Business	Mailing Address
20 NW 9th Avenue Ft. Lauderdale, FL 33311	1112 SW 25th Ave. Ft. Lauderdale, FL. 33312

3. Date Incorporated or Qualified Nov., 7, 1996	3a. Date of Last Report
4. FEI Number 65-0707921	Applied For <input type="checkbox"/> 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	

2. Principal Place of Business	2a. Mailing Address
21 20 NW 9th Avenue Suite, Apt. #, etc.	26 1112 SW 25th Ave. Suite, Apt. #, etc.
22 City & State 23 Ft. Lauderdale, FL	27 City & State 28 Ft. Lauderdale, FL
24 Zip 33311 Country USA	29 Zip 33312 Country

**9. Name and Address of Current Registered Agent**

**RADENKO VULICEVIC**  
1112 SW 25th Ave.  
Ft. Lauderdale, FL.  
33312

**10. Name and Address of New Registered Agent**

81 Name	<b>ZORICA VULICEVIC</b>
82 Street Address (P.O. Box Number is Not Acceptable)	1112 SW 25th Ave.
83 City	Ft. Lauderdale, FL
84 City	FL
85 Zip Code	33312

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 *Zorica Vulicevic* **ZORICA VULICEVIC, PRES.**

(NOTE: Registered Agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS	
TITLE	<b>Secretary</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>Radenko Vulicevic</b>
STREET ADDRESS	<b>1112 SW 25th Ave.</b>
CITY-ST-ZIP	<b>Ft. Lauderdale, FL 33312</b>
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	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<b>Secretary</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>Zorica Vulicevic</b>
1.3 STREET ADDRESS	<b>1112 SW 25th Ave.</b>
1.4 CITY-ST-ZIP	<b>Ft. Lauderdale, FL 33312</b>
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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*Zorica Vulicevic*  
9/11/97

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: *Zorica Vulicevic* **ZORICA VULICEVIC, PRES.**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)