SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: $550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $750).

FILED
Sep 14 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT **1998**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000091865

1. Corporation Name
QualityAutoWholesalers, Inc.

Principal Place of Business: 5835 Funston St. Hollywood, FL 33023
Mailing Address:

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	21 5835 Funston St.
Suite, Apt. #, etc	22
City & State	23 Hollywood, FL
Zip	24 33023
Country	25 USA
2a. Mailing Address	26 4510 S.W. 26 Terrace
Suite, Apt. #, etc.	27
City & State	28 Ft. Lauderdale, FL
Zip	29 33312
Country	30 USA

3. Date Incorporated or Qualified: 11/6/96
4. FEI Number: 650707378 — ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ — **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — **$5.00** May Be Added to Fees
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

10. Name and Address of New Registered Agent
81 Name: Kenneth LaFlamme
82 Street Address (P.O. Box Number is Not Acceptable): 4510 SW 26 Terrace
83 Ft. Lauderdale
84 City: Ft. Lauderdale 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: [signature], Kenneth S. LaFlamme, 9/2/98
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	President	☑ DELETE
NAME	Mario Trevino	
STREET ADDRESS	551 NE 13 Ave	
CITY-ST-ZIP	Ft. Lauderdale, FL 33304	
TITLE	President	☐ DELETE
NAME	Kenneth S. LaFlamme	
STREET ADDRESS	4510 SW 26 Terrace	
CITY-ST-ZIP	Ft. Lauderdale, FL 33312	
TITLE	Secretary	☑ DELETE
NAME	Alexander Strand	
STREET ADDRESS	551 NE 13 Ave	
CITY-ST-ZIP	Ft. Lauderdale, FL 33304	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	President	☐ Change ☑ Addition
1.2 NAME	Rachel K. LaFlamme	
1.3 STREET ADDRESS	4510 SW 26 Terrace	
1.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33312	
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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CR2E034 (5/98)

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] Kenneth S LaFlamme, President, 9/2/98