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

CORPORATION ANNUAL REPORT **-1997**



FLORIDA DEPARTMENT OF STATE

Sandra B. Morthans .

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000103726 (1)

APPROVED AUTO SALES, INC.

Principal Place of Business

Mailing Address

ION DAY WENT DON'T ADT 1690

100 BAY VIEW DRIVE APT 1630

FILED Jun 05 1997 8:00am Secretary of State



NO MIAMI BEACH FL 33180	NO MIAMI BEACH FL 33160-4760			
			3. Date Incorporated or Qualified 12/27/1996	3a. Date of Last Report
2. Principal Place of Business	2a. Mailing Address	· · · · · · · · · · · · · · · · · · ·	4. FEI Number	Applied For
21 9541 NW 27 ave	26 Dame		650726667	
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
22 Ohn & Chair	City & State			······································
City & State	28		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip Country		Country	This corporation has liability for in	
24 33 147 25 DADE	29 30		Florida Statutes	Yes No
g, Name and Address of Curre	nt Registered Agent		10. Name and Address of New Reg	ilstered Agent
SERFATY, CHARLES S		81 Name	Same	
4330 SHERIDAN ST. STE 202B		82 Street Add	dress (P.O. Box Number is Not Acceptable	e)
HOLLYWOOD FL 33021		63		
		63		
		84 City		FL 85 Zip Code
11. Pursuant to the provisions of Sections 607.05	02 and 607 1508 Florida Statutor, the	a phous passed co	rocration submits this statement for the n	
office or registered agent, or both, in the Stal agent. I am familiar with, and accept the oblig	e of Florida. Such change was authori gations of, Section 607.0505, Florida 8	ized by the corpora Statules.	ation's board of directors. I hereby accep	t the appointment as registered
SIGNATURE				DATE
Signature, typed or printed name of registered as OFFICERS AI		tered Agent signature requ	ADDITIONS/CHANGES TO OFFIC	
TITLE PID		A TITLE	ADDITIONO/OF INVIDED TO OFFICE	☐ Change ☐ Addition
NAME V JRADE, MOISES	_	2 NAME		-
STREET ADDRESS 100 BAY VIEW DRIVE APT 16	^^	3 STREET ADDRESS		İ
CITY-ST-ZIP NO MIAMI BEACH FL 33160		4 CITY-ST-ZIP		
TITLE VSD	· · · · · · · · · · · · · · · · · · ·	1 TITLE		Change Addition
NAME JRADE, ALBERT	2.	.2 NAME		1
STREET ADDRESS 100 BAY VIEW DRIVE APT 16	30 2	.3 STREET ADDRESS		
CITY-ST-ZIP NO MIAMI BEACH FL 33160		. 4 CITY- ST-ZIP		
TITLE	DFLETE 3.	.1 TITLE		Change Addition
NAME	3.	.2 NAME		
STREET ADDRESS	. 3.	3 STREET ADDRESS		
CITY-ST-ZIP		.4. C(1Y - S1 - Z(P		D. Ottorio
TITLE		.1 TITLE		Change Addition
NAME		. 2 NAME		
STREET ADDRESS		.3 STREET ADDRESS		
CITY-ST-ZIP		.4 CITY-ST-ZIP		Change Addition
TITLE		.1 TITLE		C Ollarige C Addition
NAME		.2 NAME		
STREET ADDRESS		.3 STREET ADDRESS		
City-St-ZiP		4 CITY-ST-ZIP		Change Addition
		2 NAME		
NAME OVERST ADDRESS		1		
STREET ADDRESS		3 STREET ADDRESS		
CITY-ST-ZIP		4 CITY-ST-7IP	nd in Contine 110 07/2V// Elerida Statutor	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 in a statement with an address.