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

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Mar 10 1998 8:00am CORPORATION **ANNUAL REPORT** Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # P97000053660 (1) SUAN AUTO & SALES INC Principal Place of Business Mailing Address 1100 8 DIXIE HWY WEST 1100 S DIXIE HWY WEST POMPANO BEACH FL POMPANO BEACH FL DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 06/17/1997 2. Principal Place of Business 2a. Mailing Address Applied For 65-0766223 Not Applicable 21 Suite, Apt. #, elc Suite, Apl. #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution Added to Fees Country Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No Personal Property Tax due June 30. 24 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 CARREIRO, ADER R 1100 S DIXIE HWY WEST 82 POMPANO BEACH FL 83 Zip Code 333シル 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 (NOT) Fingistered Agent signature required when reinstating) DATE OFFICE HS AND DIRECTORS

ANTOIO R CARRE POPER

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BORA RATONFL. 3344 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Addition Change 1.1 TITLE NAME 1.2 NAME STREET ADDRESS 13 STREET ADDRESS CITY-ST-ZIP 1.4 CHY-ST-ZIP Addition TITLE 21 TITLE 2.2 NAME NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change Addition TITLE 3 1 TITLE NAME 3.2 NAME 3 3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE 4. 2 NAME NAME 4 3 STREET ADDRESS STREET ADDRESS 44 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST- ZIP DELETE Addition TITLE 6.1 TITLE 6.2 NAME NAME 6.3 STREFT ADDRESS STREET ADDRESS CITY-ST-ZIP 14. Thereby certify that the information supplied with this filing does not qualify to the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplied with this filing does not qualify to the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplied with the receiver of the rec

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