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

**FILED PROFIT** May 01 1998 8:00am ELORIDA DEPARTMENT DE STATE CORPORATION Sandra B. Mortham **ANNUAL REPORT** Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # S01046 (9) N. B. S. AUTO BROKERS, INC. Principal Place of Business Mailing Address 5841 SW 21 STREET 19341 NE 22 AVE NO MIAMI BCH FL 33180 HOLLYWOOD FL 33023 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 09/20/1990 Applied For 2. Principal Place of Business 2a. Mailing Address 2401 S.W Not Applicable 65-0217178 31 AVE: 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 City & State 6. Election Campaign Financing \$5.00 May Be Added to Fees 28 Trust Fund Contribution Country 8. This corporation owes or has paid the current year Intangible BRW 30 Personal Property Tax due June 30. ☐ Yes 29 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name 81 PERLOW, JEFFREY M. 1820 E HALLANDALE BEACH BLVD Street Address (P.O. Box Number is Not Acceptable) 82 HALLANDALE FL 33009 83 84 City 65 Zip Code 11. Pursuant to the provisions of Sociions 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, typed or printed name of registered agent and title d applicable (NOTF: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. DELETE Change 1.1 TITLE TITLE NAME MOR, ALEN 1.2 NAME 19341 NE 22 AVE 1.3 STREET ADDRESS STREET ADDRESS NO MIAMI BCH FL CITY-ST-ZIP 1.4 CITY - ST- IP Change ☐ Addition DELETE TITLE 2.1 TITLE MOR, ESTER 2.2 NAME NAME 19341 NE 22 AVE 2.3 STREET ADDRESS STREET ADDRESS 2. 4 CITY-ST-(ZIP NO MIAMI BCH FL CITY-ST-ZIP DELETE 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 4.1 TITLE TITLE NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-ZIP Change Addition DELETE 5.1 TITLE TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP □ DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

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

Water. (954) 983-5080

Block 12 or Block 13 if changed, or on an attachment with an address.