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

**PROFIT** CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(6)

**FILED** May 13 1998 8:00am Secretary of State

BARNE	T AUTO EXPORT, INC.				
Principal Place of Business Mailing Address				1 TEOLITERO ALL ADUGA FEDIA GLACE LIDEO (INI OLDI) (	IBN UTUK BIOK KIBN UTUK IDU
2124 S.W. 60 WAY 2124 S.W. 60 WAY					
MRAMAR FL 33023 MIRAMAR FL 33023				DO NOT WRITE IN THIS SPACE	
US		US		3. Date Incorporated or Qualified	S SPACE
				08/07/1991	
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		65-0312685	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.	<del></del>	5. Certificate of Status Desired	\$8.75 Additional
22		27		6. Cermicate of Statos Desired	Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
<b>23</b> Zip	Country	<b>28</b>	Country	Trust Fund Contribution	Added to Fees
24	25	29	30	<ol> <li>This corporation owes or has paid the of Personal Property Tax due June 30.</li> </ol>	current year Intangible
<u> </u>	9. Name and Address of Curre		[30]	10. Name and Address of New Registere	
BRITAN & KRAMER, P.A.					
7700 NORTH KENDALL DRIVE, SUITE 803			82 Street Add	dress (P.O. Box Number is Not Acceptable)	
WAYNE H. RASSNER			62 Stiest Aut	tress (F.O. Box Number is Not Acceptable)	]
MAMI FL 33156			83		
			84 City		85 Zip Code
				<u>F</u>	
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, typed or printed name of registered a		NOTE Registered Agent signature requ		
12. TITLE	OFFICERS AT	ND DIRECTORS  DELETE	13. 1.1 TITLE	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12
NAME	BARNET, EFRAIN D		1.2 NAME		C Onunge C Assument
STREET ADDRESS	20840 SAN SIMEON WAY 4	F601	1.3 STREET ADDRESS		
CITY-ST-ZIP	N. MIAMI BEACH FL 33179		1.4 City-ST-ZIP		l)
TITLE	ST	DELETE	2 1 TITLE		☐ Change ☐ Addition
NAME.	BARNETT, VIOLET		2.2 NAME		
STREET ADDRESS	1131 NW 199 ST.		2.3 STREET ADDRESS		1
CITY-ST-ZIP	MIAMI FL 33169	1.100	2. 4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TIFLE		☐ Change ☐ Addition
NAME			3.2 NAME		1
STREET ADDRESS			3 3 STREET ADDRESS		1
CITY-ST-ZIP	L	[1] Karen	3.4. CITY-ST-ZIP		Diame.
TITLE		☐ DELETE	4.1 TITLE		Change Addition
NAME			4.2 NAME		i
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-\$T-ZiP TITLE		DELETE	4.4 CITY - ST - ZIP 5.1 TITLE		Change Addition
NAME		C DULLI	5.1 TILE 5.2 NAME		C. Sussilio C. Landitoti
STREET ADDRESS			5.3 STREET ADDRESS		ļ
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		DELETE	6.1 TITLE		Change Addition
NAME		<del></del>	6.2 NAME		· - •
STREET ADDRESS			6.3 STREET ADDRESS		1
CITY-ST-ZIP			6.4 CITY - ST - ZIP		
	certify that the information supplied	with this filing does not qualif		n Section 119.07(3)(i), Florida Statutes. I further	certify that the information

lemental 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 the recoiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in an attachment with an address