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Aug 05 1997 8:00am
Secretary of State

PROFIT CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # V28448

1. Corporation Name

RYAN AUTO BROKERS, INC.
792 S Homestead Blvd.
HOMESTEAD, FL 33030.

Principal Place of Business

Mailing Address

792 S HOMESTEAD BLVD.
HOMESTEAD, FL 33030

792 S. HOMESTEAD BLVD.
HOMESTEAD, FL 33030.

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

3. Date Incorporated or Qualified

3a. Date of Last Report

04/14/1992

01/1997

4. FEI Number

65-0330339

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional

Fee Required

6. Election Campaign Financing

☐ \$5.00 May Be

Trust Fund Contribution

Added to Fees

8. This corporation has liability for intangible tax under s. 190.032, Florida Statutes

☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

RYAN, FRANK
792 S. HOMESTEAD BLVD.
HOMESTEAD, FL 33030

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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 agent and file if applicable

(NOTE: Registered Agent signature required when consolidating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME RYAN, FRANK
STREET ADDRESS 2380 SE 7th Place
CITY, ST, ZIP Miami, FL

TITLE ☒ DELETE

NAME V/D/S/T
STREET ADDRESS IZQUIERDO, HECTOR
CITY, ST, ZIP 3218 ALHOMBRA CIRCLE
CORAL GABLES, FL

TITLE ☐ DELETE

NAME V/D/S/T
STREET ADDRESS RYAN, BERTHA
CITY, ST, ZIP 2380 SE 7th Place
Miami, FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY, ST, ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY, ST, ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY, ST, ZIP

11 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY, ST, ZIP

21 TITLE ☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY, ST, ZIP

31 TITLE ☐ Change ☒ Addition

32 NAME

33 STREET ADDRESS

34 CITY, ST, ZIP

41 TITLE ☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY, ST, ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY, ST, ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 CITY, ST, ZIP

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***61.25

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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:

Frank Ryan

Frank Ryan, President

06/25/97

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