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Feb 11 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V68831

(9)

NORTH BROWARD CHASSIS CORP.

Principal Place	e of Business	Mailing Address			n de und distante douch aufen nurste einen beur 'n	P.W.17 W.J.W.1 W.F.W.1	II MIMIT MEMPE	
3210 N POWERLINE RD POMPANO BEACH FL 33069		3210 N POWERLINE RD POMPANO BEACH FL 33069-1050					•	
					3. Date Incorporated or Qualified 10/06/1992	1 .	of Last Re 1/1996	∍port
2. Principal Place of Business		2a. Mailing Addres	2a. Mailing Address		4. FEI Number	Applied For		plied For
1		26	26		59-3143929	Not Applicat		t Applicable
Suite, Apt. #, etc.		Suite, Apt. #, e	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional		
2		27			C. Solimono of States Domos		Fee Re	quired
City & State			City & State		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees			
3	Country	28		untru	Trust Fund Contribution			
Zip Ti	Country	Zip	├ 1	ountry	8. This corporation has liability for in		ax under s. No	199.032,
4	25 9. Name and Address of Curr	rent Registered Agent	[30]	1	Florida Statutes			
DALL		Total region region		81 Name	IO. Hallo allo Addison of Hotel Hotel	1010100 71	,,,,,	
	LADINO, ALFRED L.							
3210 N POWERLINE RD POMPANO BEACH FL 33069			8		et Address (P.O. Box Number is Not Acceptable)			
				83				

				84 City		FL	85 Zip (Code
14 Pureusal	to the provisions of Sections 607.0	1502 and 607 1508 Florida	Statutes the	above-named co	poration submits this statement for the pu		hanging its	e renislered
office or re	egistered agent, or both, in the Sta	ate of Florida. Such changi	e was authorize	ed by the corpora	ation's board of directors. I hereby accept	t the appoi	ntment as	registered
agent i ai	rn familiar with, and accept the ob	iligations of, Section 607.05	xuo, Fiorida Sia	atutes.				
	Stonahira lound or monted name of registere 3	econd and little it arraticeble	/NOTE: Renister	ed Anent signature rem	ited when regulation)	DATE	·······	
	Stgnature Typed or protect name of registeres OFFICERS A			ed Agent signature requ	<u> </u>	DATE FRS AND (DIRECTOR	S IN 12
12.		agent and litte if applicable AND DIRECTORS DELE	13,	······	ulred when reinstating) ADDITIONS/CHANGES TO OFFICE	ERS AND [DIRECTOR ☐ Change	S IN 12
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