

**2017 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F12000002161

**FILED**  
**Jan 09, 2017**  
**Secretary of State**  
**CC5419862414**

**Entity Name:** CHRYSLER MINORITY DEALERS ASSOCIATION, INC.

**Current Principal Place of Business:**

201 SOUTH BISCAYNE BLVD  
28TH FLOOR  
MIAMI, FL 33131

**Current Mailing Address:**

PO BO 310248  
MIAMI, FL 33231

**FEI Number:** 38-2839557

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

HOGAN, LISA  
201 SOUTH BISCAYNE BLVD  
28TH FLOOR  
MIAMI, FL 33131 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title D  
Name HOGAN, LISA  
Address PO BOX 310248  
City-State-Zip: MIAMI FL 33231

Title DIRECTOR  
Name MILLS, DAMIAN  
Address PO BOX 3278  
City-State-Zip: FORT MILL SC 29708

Title DIRECTOR  
Name JOHNSON, EUGENE  
Address 2550 CARRIAGE LOOP ROAD  
City-State-Zip: OLYMPIA WA 98502

Title PRESIDENT, DIRECTOR  
Name DAVIS, JAMES  
Address PO BO 310248  
City-State-Zip: MIAMI FL 33231

Title VICE TREASURER, DIRECTOR  
Name FREGIA, W. RAY  
Address PO BO 310248  
City-State-Zip: MIAMI FL 33231

Title VP, DIRECTOR  
Name GILL, JAGROOP  
Address PO BO 310248  
City-State-Zip: MIAMI FL 33231

Title TREASURER, DIRECTOR  
Name KITAGAWA, BRIAN  
Address PO BO 310248  
City-State-Zip: MIAMI FL 33231

Title SECRETARY, DIRECTOR  
Name GILLILAN, JOHN  
Address PO BO 310248  
City-State-Zip: MIAMI FL 33231

**Continues on page 2**

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** LISA HOGAN

**EXECUTIVE DIRECTOR & CEO** 01/09/2017

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name CHATEL, EVELYN  
Address PO BO 310248  
City-State-Zip: MIAMI FL 33231

Title DIRECTOR  
Name HWANG, ALEX  
Address PO BO 310248  
City-State-Zip: MIAMI FL 33231

Title DIRECTOR  
Name WILLIAMS, TYRONE  
Address PO BO 310248  
City-State-Zip: MIAMI FL 33231

Title DIRECTOR  
Name RODRIGUEZ, AUGUSTIN  
Address PO BO 310248  
City-State-Zip: MIAMI FL 33231