

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **334619** (4)
1. Corporation Name
TITAN AUTO SALES INC



Principal Place of Business
5703 S W 17TH STREET MIAMI FL 33155

Major Address
5703 S W 17TH STREET MIAMI FL 33155

2. Principal Place of Business
21 Subst. Apt. #, etc.
22 City & State
23 Zip
24 Country

2a. Major Address
26 Subst. Apt. #, etc.
27 City & State
28 Zip
29 Country

3. Date last purchased or Owned **09/05/1968**
3a. Date of Last Report **04/07/1995**

4. FEIN Number **59-1220667**
Applied For Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes. Yes No

10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent
**GUELL, ROBERTO
5703 S W 17 ST.
MIAMI FL 33155**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code **FL**

11. Pursuant to the provisions of Sections 605.07 and 605.11, Florida Statutes, the above named corporation hereby has authorized 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, thereby to accept the appointment of registered agent. I am familiar with and accept the obligations of Sections 605.07 and 605.11, Florida Statutes.

SIGNATURE _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PT	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GUELL, ROBERTO	12 NAME	
STREET ADDRESS	2223 S W 99TH AVENUE	13 STREET ADDRESS	
CITY-STATE-ZIP	MIAMI FL	14 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	VPS	15 NAME	
NAME	LOPEZ, OVIDIO	16 STREET ADDRESS	
STREET ADDRESS	1721 SW 94TH AVE.	17 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-STATE-ZIP	MIAMI FL	18 NAME	
TITLE	D	19 STREET ADDRESS	
NAME	GUELL, ANA MARIA	20 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	2223 S.W. 99TH AVE.	21 NAME	
CITY-STATE-ZIP	MIAMI FL	22 STREET ADDRESS	
TITLE	D	23 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GUELL, LUCIO E.	24 NAME	
STREET ADDRESS	2223 S.W. 99TH AVENUE	25 STREET ADDRESS	
CITY-STATE-ZIP	MIAMI, FL	26 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		27 NAME	
NAME		28 STREET ADDRESS	
STREET ADDRESS		29 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-STATE-ZIP		30 NAME	
TITLE		31 STREET ADDRESS	
NAME		32 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		33 NAME	
CITY-STATE-ZIP		34 STREET ADDRESS	
TITLE		35 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		36 NAME	
STREET ADDRESS		37 STREET ADDRESS	
CITY-STATE-ZIP		38 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied in this form is true and correct and complies with the provisions of Section 12.07(a)(2), Florida Statutes. I further certify that the information furnished on this form is true and correct and that I am an officer or director of the corporation named herein. I am a resident of the State of Florida and my name appears in Block 12 or Block 13 if checked. I am a resident of the State of Florida with an address _____

SIGNATURE: **ROBERTO GUELL** 3-27-96 305-2665133
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)