

FILE NOW: FILING FEE AFTER MAY 1 IS \$0.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mc
Secretary of
DIVISION OF CORPORATIONS

DOCUMENT # 386060 (8)
1. Corporation Name
POTAMKIN CHEVROLET, INC.

FILED
Apr 30 1996 8:00 am
Secretary of State



Principal Place of Business: 16600 N.W. 57 AVE. MIAMI FL 33014
Mailing Address: 16600 N.W. 57 AVE. MIAMI FL 33014

3. Date Incorporated or Qualified: 07/26/1971
3a. Date of Last Report: 04/26/1995
4. FEI Number: 23-1428836
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

2. Principal Place of Business (21-24)
2a. Mailing Address (25-28)
22. Suite, Apt. #, etc. (26)
23. City & State (27)
24. Zip (28)
25. Country (29)
26. Suite, Apt. #, etc. (30)
27. City & State (31)
28. Zip (32)
29. Country (33)

9. Name and Address of Current Registered Agent
YUSKO, DAVID A.
16600 NW 57 AV
MIAMI FL 33014

10. Name and Address of New Registered Agent (81-84)
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 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 title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE: AS NAME: YUSKO, DAVID A. STREET ADDRESS: 16600 NW 57TH AVE. CITY-ST-ZIP: MIAMI FL	<input type="checkbox"/> DELETE	1. TITLE 2. NAME 3. STREET ADDRESS 4. CITY-ST-ZIP
TITLE: PT NAME: POTAMKIN, ALAN H. STREET ADDRESS: 16600 NW 57TH AVE. CITY-ST-ZIP: MIAMI FL	<input type="checkbox"/> DELETE	5. TITLE 6. NAME 7. STREET ADDRESS 8. CITY-ST-ZIP
TITLE: S NAME: POTAMKIN, ROBERT STREET ADDRESS: 1407 BEACH TERR. CITY-ST-ZIP: LONGPORT NJ	<input type="checkbox"/> DELETE	9. TITLE 10. NAME 11. STREET ADDRESS 12. CITY-ST-ZIP
TITLE: V NAME: FIORAVANTE, EUGENE STREET ADDRESS: 16600 NW 57TH AVE. CITY-ST-ZIP: MIAMI FL	<input type="checkbox"/> DELETE	13. TITLE 14. NAME 15. STREET ADDRESS 16. CITY-ST-ZIP
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> DELETE	17. TITLE 18. NAME 19. STREET ADDRESS 20. CITY-ST-ZIP
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> DELETE	21. TITLE 22. NAME 23. STREET ADDRESS 24. CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and certifies 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: *David Yusko* **DAVID YUSKO** 4/22/96 (305) 558-1400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)