

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 31 PM 2: 50

DOCUMENT # **G86199** (8)

1. Corporation Name
TRAIL AUTOMOTIVE EQUIPMENT CORP.

Principal Place of Business: 5851 S.W. 85TH ST. SOUTH MIAMI FL 33143
Mailing Address: 5851 S.W. 85TH ST. SOUTH MIAMI FL 33143

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 02/24/1984
3a. Date of Last Report: 02/01/1994

2. Principal Place of Business (21) and Mailing Address (26): 5851 S.W. 85TH ST. SOUTH MIAMI FL 33143
4. FEI Number (4): 59-2394482
Applied For (5): Not Applicable

22. Suite, Apt. #, etc. (22) and 27. Suite, Apt. #, etc. (27):
5. Certificate of Status Desired (5): \$8.75 Additional Fee Required

23. City & State (23) and 28. City & State (28):
6. Election Campaign Financing Trust Fund Contribution (6): \$5.00 May Be Added to Fees

24. Zip (24) and Country (25):
29. Zip (29) and Country (30):
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes (8): Yes No

9. Name and Address of Current Registered Agent: ARCH, YVONNE I. 5851 S.W. 85TH STREET SOUTH MIAMI FL 33143
10. Name and Address of New Registered Agent (81-85):
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: _____ (NOTE: Registered Agent signature required when re-registering) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ARCH, TED S.	1.2 NAME	
STREET ADDRESS	5851 S.W. 85TH ST.	1.3 STREET ADDRESS	
CITY-ST-ZIP	S. MIAMI FL	1.4 CITY-ST-ZIP	
TITLE	STD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ARCH, YVONNE I.	2.2 NAME	
STREET ADDRESS	5851 S.W. 85TH ST.	2.3 STREET ADDRESS	
CITY-ST-ZIP	S. MIAMI FL	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on the 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: Ted Arch Pres 1/26/95 (Date) 305 (Typed Name) 245 5055 (Typed Name)