

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # K66130 (1)

1. Corporation Name
AUTO SPORT INTERNATIONAL CORP.

Principal Place of Business: **5310 NW 72 AVENUE MIAMI FL 33166**
Mailing Address: **5310 NW 72 AVENUE MIAMI FL 33166**



2. Principal Place of Business: 21 State, Apt. #, etc. 22 City & State 23 Zip Country 24
2a. Mailing Address: 26 State, Apt. #, etc. 27 City & State 28 Zip Country 29 30

3. Date Incorporated or Qualified: **02/16/1989**
3a. Date of Last Report: **03/28/1995**
4. FEI Number: **65-0103659** 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
**SIMON, STEVEN W.
801 BRICKELL AVE
SUITE 1901
MIAMI FL 33131**

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 607.0507 and 607.1502, Florida Statutes, I (we) as the duly authorized 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. The city, county, and the appointment as registered agent I am familiar with, and accept the obligations of, Section 607.1502, Florida Statutes.

SIGNATURE: _____ TITLE: _____

12. OFFICERS AND DIRECTORS

TITLE	DPS	<input type="checkbox"/> DELETED
NAME	MENENDEZ, YOLANDA	
STREET ADDRESS	5310 NW 72 AVENUE	
CITY, ST, ZIP	MIAMI FL	
TITLE	T	<input type="checkbox"/> DELETED
NAME	MENENDEZ, YOLANDA	
STREET ADDRESS	5310 NW 72 AVENUE	
CITY, ST, ZIP	MIAMI FL	
TITLE	V	<input type="checkbox"/> DELETED
NAME	MENENDEZ, VALENTIN	
STREET ADDRESS	5310 NW 72 AVENUE	
CITY, ST, ZIP	MIAMI FL	
TITLE	V	<input type="checkbox"/> DELETED
NAME	VIDAL, SUSANA A.	
STREET ADDRESS	5310 NW 72 AVENUE	
CITY, ST, ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> DELETED
NAME		
STREET ADDRESS		
CITY, ST, ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

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-04/08/96--01025--080
***200.00

14. I (we) hereby certify that the information submitted in this filing is true and correct, and that I (we) are qualified to be the exempt corporation as defined in Section 119.07(3)(a), Florida Statutes. I further certify that the information included on this form is true and correct, and that I (we) are qualified to be the exempt corporation as defined in Section 119.07(3)(a), Florida Statutes. I further certify that I am an officer or director of the corporation and that I (we) are qualified to be the exempt corporation as defined in Section 119.07(3)(a), Florida Statutes, and that my name appears in Block 12 or Block 13 of this form. I (we) agree that the information submitted in this filing is true and correct.

SIGNATURE: *[Signature]* VALENTIN MENENDEZ
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
2/22/96 591-1710
302
50-111-91

CR2E034 (12/95)