

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

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Suzanne B. Madigan
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **L26450**
1. Corporation Name: **AUTO HAUS ACQUISITION CORP.**

(1)



Principal Place of Business: **C/O BRYN & ASSOCIATES, 2 SOUTH BISCAYNE BLVD., STE. 3599, MIAMI FL 33131**
Mailing Address: **C/O BRYN & ASSOCIATES, 2 SOUTH BISCAYNE BLVD., STE. 3599, MIAMI FL 33131**

2. Principal Place of Business:
21 **12972 S.W. 87 Avenue**
22 **City & State: Miami, Florida**
23 **Zip: 33172-5912**
24 **Country: Dade**
25
26 **Same AS Business**
27 **City & State**
28
29 **Zip**
30 **Country**

3. Date incorporated For or Quoted: **10/31/1989**
3a. Date of Last Report: **03/29/1995**
4. FEI Number: **65-0271757**
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. Does corporation have liability for intangible tax under s. 199.032, Florida Statutes? Yes No

9. Name and Address of Current Registered Agent:
**BRYN, MARK J
BRYN & ASSOCIATES
2 SOUTH BISCAYNE BLVD., STE. 3599
MIAMI FL 33131**

10. Name and Address of New Registered Agent:
81 **Linda H. Carroll**
82 **Street Address (P.O. Box Number is Not Acceptable): 201 S. Biscayne Blvd.**
83 **Suite 2400**
84 **City: Miami**
85 **FL**
Zip Code: **33131**

11. Pursuant to the provisions of Sections 607.01 and 607.02, Florida Statutes, the above named corporation hereby certifies the statement for the purpose of changing its registered office to the above address and that the only change to the corporation's board of directors, officers, or registered agent is as indicated above.

SIGNATURE: *Linda L. Carroll*

12. OFFICERS AND DIRECTORS FOR DELETION ADDITION

12. NAME: P LARSEN, SEAN	<input checked="" type="checkbox"/>
12. STREET ADDRESS: 12972 SW 87 AVE.	
12. CITY, STATE, ZIP: MIAMI FL 33176	<input type="checkbox"/>
12. NAME:	<input type="checkbox"/>
12. STREET ADDRESS:	<input type="checkbox"/>
12. CITY, STATE, ZIP:	<input type="checkbox"/>
12. NAME:	<input type="checkbox"/>
12. STREET ADDRESS:	<input type="checkbox"/>
12. CITY, STATE, ZIP:	<input type="checkbox"/>
12. NAME:	<input type="checkbox"/>
12. STREET ADDRESS:	<input type="checkbox"/>
12. CITY, STATE, ZIP:	<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13. NAME: P GRACIELA QUINOA	<input checked="" type="checkbox"/>
13. STREET ADDRESS: 12972 S.W. 87 AVE.	
13. CITY, STATE, ZIP: Miami Fla. 33176	<input type="checkbox"/>
13. NAME:	<input type="checkbox"/>
13. STREET ADDRESS:	<input type="checkbox"/>
13. CITY, STATE, ZIP:	<input type="checkbox"/>
13. NAME:	<input type="checkbox"/>
13. STREET ADDRESS:	<input type="checkbox"/>
13. CITY, STATE, ZIP:	<input type="checkbox"/>

14. I do hereby certify that the officers and directors of the above named corporation are the persons who signed the foregoing statement for the purpose of changing its registered office to the above address and that the only change to the corporation's board of directors, officers, or registered agent is as indicated above.

SIGNATURE: *Graciela Quinoa Pres.*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **Graciela Quinoa Pres.**

4-8-96 (305) 253-2353

CR2E034 (12/95)