

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 FEB -3 AM 9:32

DOCUMENT # **P21098** (9)

1. Corporation Name
PORSCHE CARS NORTH AMERICA, INC.

Principal Place of Business	Mailing Address
100 W. LIBERTY STREET P.O. BOX 30911 RENO NV 89520-3911	100 W. LIBERTY STREET P.O. BOX 30911 RENO NV 89520-3911

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 09/28/1988	3a. Date of Last Report 02/03/1994
4. FEI Number 88-0195199	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

10. Name and Address of New Registered Agent

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning.)

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	SCHWAB, FREDERICK J.
STREET ADDRESS	100 W LIBERTY ST.
CITY - ST - ZIP	RENO NV
TITLE	AS
NAME	CLARK, SCOTT B.
STREET ADDRESS	100 W LIBERTY ST.
CITY - ST - ZIP	RENO NV
TITLE	T
NAME	DUPPER, ROSS A.
STREET ADDRESS	100 W LIBERTY ST.
CITY - ST - ZIP	RENO NV
TITLE	V
NAME	FORD, RICHARD S.
STREET ADDRESS	100 W LIBERTY ST.
CITY - ST - ZIP	RENO NV
TITLE	D
NAME	WIEDEKING, WENDLIN
STREET ADDRESS	PORSCHESTR. 42, 70435 STUTTGART
CITY - ST - ZIP	ZUFFENHAUSE GE
TITLE	C
NAME	LAXY, DIETER
STREET ADDRESS	PORSCHESTR. 42, 70435 STUTTGART
CITY - ST - ZIP	ZUFFENHAUSEN GE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	WIEDEKING, WENDELIN
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	LAXY, DIETER
6.3 STREET ADDRESS	
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 110.07(3)(k), Florida Statutes. I further certify 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: *Karl Laxy* (702) 348-3000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (System Issue #)