

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P93000070568 (9)**

1. Corporation Name
BETTER MOTORS, INC.



Principal Place of Business: **9809 NW 80 AVENUE #B HIALEAH GARDENS FL 33016 US**
Mailing Address: **3861 SOUTHWEST 143RD AVENUE MIAMI FL 33175**

3. Date Incorporated or Qualified: **10/11/1993**
3a. Date of Last Report: **05/01/1995**
4. FEI Number: **APPLIED FOR**
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: **9809 NW 80 AVENUE # B.**
2a. Mailing Address: **3861 SW 143 AV.**
21. Suite, Apt. #, etc.:
22. City & State: **HIALEAH GARDENS FL**
23. City & State: **MIAMI FL**
24. Zip: **33016**
25. County: **DADL**
26. Suite, Apt. #, etc.:
27. City & State:
28. City & State:
29. Zip: **33175**
30. County: **DADL**

9. Name and Address of Current Registered Agent
**CAPOTE, JOSE
3861 SOUTHWEST 143RD AVENUE
MIAMI FL 33175**

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: _____

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	CAPOTE, JOSE	
STREET ADDRESS	3861 SW 143 AVENUE	
CITY - ST - ZIP	MIAMI FL	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	EDISON VAZQUEZ,	
STREET ADDRESS	3861 SW 143 AVENUE	
CITY - ST - ZIP	MIAMI FL	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	CELIA M. CAPOTE,	
STREET ADDRESS	3861 S.W. 143 AVE.	
CITY - ST - ZIP	MIAMI FL 33175	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

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 TLF	<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 TLF	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
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 119.07(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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
4/26/96 (305) 554-0875

CR2E034 (12/95)