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CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 APR 27 PM 12:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000051509 (5)**

1. Corporation Name

COMMERCIAL AND INDUSTRIAL AUTOMOTORS, INC.

DO NOT WRITE IN THIS SPACE.

Principal Place of Business	Mailing Address
TWO S BISCAYNE BLVD ONE BISCAYNE TOWER SUITE 3400 MIAMI FL 33131	TWO S BISCAYNE BLVD ONE BISCAYNE TOWER SUITE 3400 MIAMI FL 33131

3. Date Incorporated or Qualified 07/07/1994	3a. Date of Last Report
4. FEI Number 65-0551057	Applied For 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 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	29. Country
25. Country	30. Country

9. Name and Address of Current Registered Agent

**VALDES-FAULI CORPORATE SERVICES INC
TWO S BISCAYNE BLVD
ONE BISCAYNE TOWER SUITE 3400
MIAMI FL 33131**

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 _____
(Type or print name of registered agent and title, if applicable) (RAC) Registered Agent Signature required when registering (RAC)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1. TITLE	D/P <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZUCCOLILLO, ANTONIO	1.2 NAME	
STREET ADDRESS	2 S BISCAYNE BLVD 1 BISCAYNE TOWER #3400	1.3 STREET ADDRESS	
CITY ST ZIP	MIAMI FL 33131	1.4 CITY ST ZIP	
TITLE	D	2.1 TITLE	D/VP <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DE ZUCCOLILLO, GLADYS	2.2 NAME	
STREET ADDRESS	2 S BISCAYNE BLVD 1 BISCAYNE TOWER #3400	2.3 STREET ADDRESS	
CITY ST ZIP	MIAMI FL 33131	2.4 CITY ST ZIP	
TITLE	D	3.1 TITLE	D/T <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZUCCOLILLO, JAVIER	3.2 NAME	
STREET ADDRESS	2 S BISCAYNE BLVD 1 BISCAYNE TOWER #3400	3.3 STREET ADDRESS	
CITY ST ZIP	MIAMI FL 33131	3.4 CITY ST ZIP	
TITLE	D	4.1 TITLE	D/VT <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZUCCOLILLO, MARCELO	4.2 NAME	
STREET ADDRESS	2 S BISCAYNE BLVD 1 BISCAYNE TOWER #3400	4.3 STREET ADDRESS	
CITY ST ZIP	MIAMI FL 33131	4.4 CITY ST ZIP	
TITLE	D	5.1 TITLE	D/S <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZUCCOLILLO, LORENA	5.2 NAME	
STREET ADDRESS	2 S BISCAYNE BLVD 1 BISCAYNE TOWER #3400	5.3 STREET ADDRESS	
CITY ST ZIP	MIAMI FL 33131	5.4 CITY ST ZIP	
TITLE		6.1 TITLE	AS <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	Valdes-Fauli, Raul E.
STREET ADDRESS		6.3 STREET ADDRESS	2 S. Biscayne Blvd., #3400
CITY ST ZIP		6.4 CITY ST ZIP	Miami, FL 33131

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(2)(b), Florida Statutes. I further certify that the information included 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 a 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
ANTONIO ZUCCOLILLO - DIRECTOR

4/15/95