

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P94000051509 (5)**

1. Corporation Name

COMMERCIAL AND INDUSTRIAL AUTOMOTORS, INC.



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

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

3. Date Incorporated or Qualified: **07/07/1994** 3a. Date of Last Report: **04/27/1995**
 4. FEI Number: **65-0551057** 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

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: _____ DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP ZUCCOLILLO, ANTONIO	<input type="checkbox"/> DELETE	1.1 TITLE <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		1.4 CITY-ST-ZIP
TITLE	DVP DE ZUCCOLILLO, GLADYS	<input type="checkbox"/> DELETE	2.1 TITLE <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		2.4 CITY-ST-ZIP
TITLE	DT ZUCCOLILLO, JAVIER	<input type="checkbox"/> DELETE	3.1 TITLE <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		3.4 CITY-ST-ZIP
TITLE	DVT ZUCCOLILLO, MARCELO	<input type="checkbox"/> DELETE	4.1 TITLE <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		4.4 CITY-ST-ZIP
TITLE	DS ZUCCOLILLO, LORENA	<input type="checkbox"/> DELETE	5.1 TITLE <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		5.4 CITY-ST-ZIP
TITLE	AS VALDES-FAULI RAUL E	<input type="checkbox"/> DELETE	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VALDES-FAULI RAUL E		6.2 NAME
STREET ADDRESS	2 S. BISCAYNE BLVD., #23400		6.3 STREET ADDRESS
CITY-ST-ZIP	MIAMI FL		6.4 CITY-ST-ZIP

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and I do not qualify for the exemption stated in Section 119.07(3)(k), 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 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 of this report, or as an attachment with an address.

SIGNATURE: _____
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **Antonio Zuccolillo** 5/6/96 (305) 931-7406
 565-5-13-46

CR2E034 (12/95)