

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**FILED**

**Feb 04 1997 8:00am  
Secretary of State**

**PROFIT CORPORATION  
ANNUAL REPORT  
1997**



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

**DOCUMENT # P94000051509 (5)**

1. Corporation Name  
**COMMERCIAL AND INDUSTRIAL AUTOMOTORS, INC.**



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 33131-1897**

3. Date Incorporated or Qualified      3a. Date of Last Report  
**07/07/1994**      **05/13/1996**

4. FEI Number      Applied For  
**65-0551057**      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

2. Principal Place of Business      2a. Mailing Address

21. Suite, Apt. #, etc.      26. Suite, Apt. #, etc.

22. City & State      27. City & State

23. Zip      Country      28. Zip      Country

24.      25.      29.      30.

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      85. Zip Code

**FL**

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      (NOTE: Registered Agent signature required when reinstating)      DATE

12. OFFICERS AND DIRECTORS

TITLE       DELETE

NAME      **DP ZUCCOLILLO, ANTONIO**

STREET ADDRESS      **2 S BISCAYNE BLVD 1 BISCAYNE TOWER #3400**

CITY - ST - ZIP      **MIAMI FL**

TITLE       DELETE

NAME      **DVP DE ZUCCOLILLO, GLADYS**

STREET ADDRESS      **2 S BISCAYNE BLVD 1 BISCAYNE TOWER #3400**

CITY - ST - ZIP      **MIAMI FL**

TITLE       DELETE

NAME      **DT ZUCCOLILLO, JAVIER**

STREET ADDRESS      **2 S BISCAYNE BLVD 1 BISCAYNE TOWER #3400**

CITY - ST - ZIP      **MIAMI FL**

TITLE       DELETE

NAME      **DVT ZUCCOLILLO, MARCELO**

STREET ADDRESS      **2 S BISCAYNE BLVD 1 BISCAYNE TOWER #3400**

CITY - ST - ZIP      **MIAMI FL**

TITLE       DELETE

NAME      **DS ZUCCOLILLO, LORENA**

STREET ADDRESS      **2 S BISCAYNE BLVD 1 BISCAYNE TOWER #3400**

CITY - ST - ZIP      **MIAMI FL**

TITLE       DELETE

NAME      **AS VALDES-FAULI, RAUL E**

STREET ADDRESS      **2 S. BISCAYNE BLVD., #23400**

CITY - ST - ZIP      **MIAMI FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE       Change       Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE       Change       Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE       Change       Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE       Change       Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE       Change       Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE       Change       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 does not qualify for the exemption stated in Section 119.07(3)(j), 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 of this report, or on an attachment with an address.

SIGNATURE:      **Antonio Zuccolillo 1/22/97 (305) 376-6000**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E034 (9/96)