

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # P94000065349
1. Corporation Name
ANDREW AUTO SALES OF MIAMI CORP

Principal Place of Business: 2990 NW 22 ST MIAMI, FL 33142
Mailing Address: 2990 NW 22 ST MIAMI, FL 33142

2. Principal Place of Business: 21 2990 NW 22 ST
22 Suite, Apt. #, etc.
23 City & State: MIAMI FL 33142
24 Zip: FL 25 Country: USA 29 Zip: 30 Country:

3. Date Incorporated or Qualified: 9-30-94
3a. Date of Last Report
4. FEI Number: 65-0518822 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. 199.042, Florida Statutes: Yes No
10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent

Oswaldo Perez
1225 W 35 ST #63-A
Hialeah, FL, 33012

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: [Signature] Signature, by or printed name of officer or director

(Print) Registered Agent signature required at registration

Oswaldo Perez 8/5/96

12. OFFICERS AND DIRECTORS

NAME: OSWALDO PEREZ	<input type="checkbox"/> DELETE
STREET ADDRESS: 1225 W 35 ST #63-A	
CITY-ST-ZIP: HIALEAH FL 33012	
TITLE:	<input type="checkbox"/> DELETE
NAME:	
STREET ADDRESS:	
CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> DELETE
NAME:	
STREET ADDRESS:	
CITY-ST-ZIP:	
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

11 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME:	
13 STREET ADDRESS:	
14 CITY-ST-ZIP:	
21 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME:	
23 STREET ADDRESS:	
24 CITY-ST-ZIP:	
31 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME:	
33 STREET ADDRESS:	
34 CITY-ST-ZIP:	
41 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME:	
43 STREET ADDRESS:	
44 CITY-ST-ZIP:	
51 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME:	
53 STREET ADDRESS:	
54 CITY-ST-ZIP:	
61 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME:	
63 STREET ADDRESS:	
64 CITY-ST-ZIP:	

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***225.00

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)(g), 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] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
8/5/96 305-636-4301
Date of Filing: 08/05/96

CR2E034 (12/95)