

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.06

*Amended*

PROFIT CORPORATION ANNUAL REPORT 1997



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

FILED

97 NOV 19 AM 8:46

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # *996000092082*

1. Corporation Name  
PRO AUTO WHOLESALERS CORPORATION  
5201 NW 35 COURT  
MIAMI, FL 33142

Principal Place of Business  
5201 NW 35 CT  
MIAMI, FL

Mailing Address  
11352 SW 144 PATH  
MIAMI, FL

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

Luis E Gomez  
6892 SW 130 AVE  
Miami FL 33183

3. Date Incorporated or Qualified *12-96* 3a. Date of Last Report

4. FEI Number *65-0738054* 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

10. Name and Address of New Registered Agent

81 Name *Luis E Gomez*

82 Street Address (P.O. Box Number is Not Acceptable) *6892 SW 130 AVE*

83

84 City *Miami* FL <sup>85</sup> Zip Code *33183*

11. Pursuant to the provisions of Sections 607.0502 and 607.1509, 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 *Luis E Gomez*  
Signature of the person named in this section must be in ink and a photocopy

(NOTE: Registered Agent's signature required when transferring)

DATE

12. OFFICERS AND DIRECTORS

TITLE SECRETARY  
NAME MARCELO BEYRA  
STREET ADDRESS 6892 SW 130 AVENUE  
CITY-ST-ZIP MIAMI, FL 33183

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE *Luis E Gomez/President*  Change  Addition

2. NAME

3. STREET ADDRESS *6892 SW 130 AVE*

4. CITY-ST-ZIP *Miami FL 33183*  Change  Addition

21. TITLE

22. NAME

23. STREET ADDRESS

24. CITY-ST-ZIP

31. TITLE

32. NAME

33. STREET ADDRESS

34. CITY-ST-ZIP

41. TITLE

42. NAME

43. STREET ADDRESS

44. CITY-ST-ZIP

51. TITLE

52. NAME

53. STREET ADDRESS

54. CITY-ST-ZIP

61. TITLE

62. NAME

63. STREET ADDRESS

64. CITY-ST-ZIP

200002852902-000  
-11/20/97-01071-004  
\*\*\*\*\*61.25 \*\*\*\*\*61.25

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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. 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: *Luis E Gomez*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-31-97

CR2E034 (9/96)