

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 # 157698 (2)

1. Corporation Name
MIAMI LINCOLN MERCURY, INC.



Principal Place of Business: C/O L.E. PARENT 8101 N W 7 AVE MIAMI FL 33150
Mailing Address: C/O L.E. PARENT 8101 N W 7 AVE MIAMI FL 33150

3. Date Incorporated or Qualified: 04/08/1949
3a. Date of Last Report: 01/13/1995
4. FEI Number: 59-0873507
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: 21 C/O D.S. REIF, State Apt #, etc.: 22 8101 N.W. 7TH AVENUE, City & State: 23 MIAMI, FLORIDA, Zip: 24 33150, Country: 25 USA
2a. Mailing Address: 26 C/O D.S. REIF, State Apt #, etc.: 27 8101 N.W. 7TH AVENUE, City & State: 28 MIAMI, FLORIDA, Zip: 29 33150, Country: 30 USA

9. Name and Address of Current Registered Agent
PARENT, L E
8101 NW 7 AVE
MIAMI FL 33150

10. Name and Address of New Registered Agent
81 Name: REIF, D.S.
82 Street Address (P.O. Box Number is Not Acceptable): 911 N.E. 2ND AVENUE
83
84 City: FT. LAUDERDALE, FL, Zip Code: 85 33338

11. Pursuant to the provisions of Sections 607.0502 and 607.1505, 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, which 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: *D.S. Reif*

D.S. REIF PRESIDENT

2/2/96

12. OFFICERS AND DIRECTORS

12.1 NAME	ST DAGLIAN, R.W.	<input type="checkbox"/> DELETE
12.2 STREET ADDRESS	230 SE 10TH ST.	
12.3 CITY, ST, ZIP	POMPANO BEACH FL	
12.4 TITLE	DC	<input type="checkbox"/> DELETE
12.5 NAME	HOLMAN, J S	
12.6 STREET ADDRESS	350 STATION AVE	
12.7 CITY, ST, ZIP	HADDONFIELD NJ	
12.8 TITLE	DEV	<input type="checkbox"/> DELETE
12.9 NAME	CSICSILA, PAUL L.	
12.10 STREET ADDRESS	1092 LONGVIEW	
12.11 CITY, ST, ZIP	FT. LAUDERDALE FL	
12.12 TITLE	DP	<input checked="" type="checkbox"/> DELETE
12.13 NAME	PARENT, L E	
12.14 STREET ADDRESS	1188 SEMINOLE DR	
12.15 CITY, ST, ZIP	FT LAUDERDALE FL	
12.16 TITLE	ST	<input type="checkbox"/> DELETE
12.17 NAME	COPPOLA, KEN T	
12.18 STREET ADDRESS	525 CHESTNUT ST	
12.19 CITY, ST, ZIP	MORRISTOWN NJ	
12.20 TITLE	S	<input type="checkbox"/> DELETE
12.21 NAME	MULLIN, KATHY A	
12.22 STREET ADDRESS	727 PADDOCK PATH	
12.23 CITY, ST, ZIP	MORRISTOWN NJ	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.2 NAME		
13.3 STREET ADDRESS		
13.4 CITY, ST, ZIP		
13.5 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.6 NAME		
13.7 STREET ADDRESS		
13.8 CITY, ST, ZIP		
13.9 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.10 NAME	P REIF, D.S.	
13.11 STREET ADDRESS	911 N.E. 2ND AVENUE	
13.12 CITY, ST, ZIP	FT. LAUDERDALE, FL. 33304	<input checked="" type="checkbox"/> Addition
13.13 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.14 NAME		
13.15 STREET ADDRESS		
13.16 CITY, ST, ZIP		
13.17 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.18 NAME		
13.19 STREET ADDRESS		
13.20 CITY, ST, ZIP		

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)(k), 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 or 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 a separate statement with an address.

SIGNATURE: *R.W. Daglian* R.W. DAGLIAN SECRETARY 1-30-96 (305) 758-3377
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)