

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **162364** (4)

1. Corporation Name  
**L.P. EVANS SOUTHWEST MOTORS, INC.**



Principal Place of Business: **3333 SW 8TH STREET MIAMI FL 33135**  
Mailing Address: **3333 SW 8TH STREET MIAMI FL 33135**

3. Date Incorporated or Qualified <b>07/21/1950</b>	3a. Date of Last Report <b>02/02/1995</b>
4. FEI Number <b>59-0674713</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 190.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 State, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 State, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent  
**EVANS, JAMES D  
6520 SW 134 DR  
MIAMI FL 33156**

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

11. Pursuant to the provisions of Sections 607.02(1) 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 607.02(1), Florida Statutes.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

DP NAME: EVANS, JAMES D STREET ADDRESS: 6520 SW 134TH DRIVE CITY, STATE, ZIP: MIAMI FL 33156 TITLE: <del>DS</del> <input type="checkbox"/> DELETE	<input type="checkbox"/> CHANGE <input type="checkbox"/> ADDITION
DS NAME: BADGLEY, CAMERON J STREET ADDRESS: 1105 NE 118ST #A CITY, STATE, ZIP: DISCAYNE PARK FL TITLE: <del>DV</del> <input checked="" type="checkbox"/> DELETE	<input type="checkbox"/> CHANGE <input type="checkbox"/> ADDITION
DV NAME: EVANS, JAMES D JR STREET ADDRESS: 7250 S PRESTWICKE PLACE CITY, STATE, ZIP: MIAMI LAKES FL TITLE: <del>DT</del> <input type="checkbox"/> DELETE	<input type="checkbox"/> CHANGE <input type="checkbox"/> ADDITION
DT NAME: MAYADE, AMARO STREET ADDRESS: 7420 SABAL DRIVE CITY, STATE, ZIP: MIAMI LAKES FL TITLE: <del>DV</del> <input type="checkbox"/> DELETE	<input type="checkbox"/> CHANGE <input type="checkbox"/> ADDITION
DV NAME: EVANS, MARILYN A STREET ADDRESS: 6520 SW 134TH DRIVE CITY, STATE, ZIP: MIAMI FL TITLE: <input type="checkbox"/> DELETE	<input type="checkbox"/> CHANGE <input type="checkbox"/> ADDITION

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

DS NAME: AMARO, NICHOLAS STREET ADDRESS: 5005 STUWATER TORRACE CITY, STATE, ZIP: FT LAUDERDALE, FLA 33330 TITLE: <input checked="" type="checkbox"/> CHANGE <input type="checkbox"/> ADDITION	<input type="checkbox"/> CHANGE <input type="checkbox"/> ADDITION
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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 statement 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, changed, or on an attachment with an address.

SIGNATURE: *[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-19-96 305-748-7431  
Date: \_\_\_\_\_ Day: \_\_\_\_\_

CR2E034 (12/95)