

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

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Feb 27, 1999 8:00 am
Secretary of State

02-27-1999 90039 010 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 162364

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



DO NOT WRITE IN THIS SPACE

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: 07/21/1950
 4. FEI Number: 59-0674713
 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 owes the current year Intangible Personal Property Tax. Yes No

2. Principal Place of Business: 612 S.E. 5th Ave, Suite #4, Ft Lauderdale, FL 33301
 2a. Mailing Address: 5005 STILLWATER TERR, Ft Lauderdale, FL 33330

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, 83, 84 City (FL), 85 Zip Code

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	DP <input type="checkbox"/> DELETE
NAME	EVANS, JAMES D
STREET ADDRESS	6520 SW 134TH DRIVE
CITY-ST-ZIP	MIAMI FL 33156
TITLE	SD <input type="checkbox"/> DELETE
NAME	AMARO, NICHOLAS
STREET ADDRESS	5005 STILLWATER TERR
CITY-ST-ZIP	FT LAUDERDALE FL 33330
TITLE	VD <input type="checkbox"/> DELETE
NAME	EVANS, JAMES D JR
STREET ADDRESS	7250 S PRESTWICK PL
CITY-ST-ZIP	MIAMI LAKES FL 33014
TITLE	TD <input type="checkbox"/> DELETE
NAME	AMARO, NAYADE
STREET ADDRESS	7420 SABAL DRIVE
CITY-ST-ZIP	MIAMI LAKES FL 33014
TITLE	DV <input type="checkbox"/> DELETE
NAME	EVANS, MARILYN A
STREET ADDRESS	6520 SW 134TH DRIVE
CITY-ST-ZIP	MIAMI FL 33156
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE: NICHOLAS AMARO 1/25/99 305 794-1115
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CRZE034 (11/98)