

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

FILED
May 10 1996 8:00 am
Secretary of State

DOCUMENT # 168339 (0)

1. Corporation Name
ROSE AUTO STORES-FLORIDA, INC.



Principal Place of Business: 4760 NW 165 STR MIAMI FL 33014 US
Mailing Address: 4760 NW 165 STREET HIALEAH FL 33014 US

3. Date Incorporated or Qualified: 03/01/1952
3a. Date of Last Report: 04/20/1995

2. Principal Place of Business (21-24)
2a. Mailing Address (25-28)
22. Suite, Apt. #, etc. (22)
23. City & State (23)
24. Zip (24) Country (25)
25. Country (25)
26. Suite, Apt. #, etc. (26)
27. City & State (27)
28. City & State (28)
29. Zip (29) Country (30)
30. Country (30)

4. FEI Number: 59-0673014
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

9. Name and Address of Current Registered Agent
**THE PRENTICE-HALL CORPORATION SYSTEM INC.
1201 HAYS STREET
SUITE 105
TALEAHASSEE FL 32301**

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: 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. Thereby 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 registering) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	COLLEY, JERRY	
STREET ADDRESS	4750 NW 165TH ST	
CITY-ST-ZIP	HIALEAH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	COLLINS, BRIAN T.	
STREET ADDRESS	4750 NW 165TH ST	
CITY-ST-ZIP	HIALEAH FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	MARTINEZ, ARLENE	
STREET ADDRESS	4750 NW 165TH ST	
CITY-ST-ZIP	HIALEAH FL	
TITLE	CD	<input type="checkbox"/> DELETE
NAME	LOKKER, JOHN	
STREET ADDRESS	4750 NW 165TH ST	
CITY-ST-ZIP	HIALEAH FL	
TITLE	CD	<input checked="" type="checkbox"/> DELETE
NAME	BERRILL, FRASER	
STREET ADDRESS	4750 NW 165TH ST	
CITY-ST-ZIP	HIALEAH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1996

1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Deepak Chaudhry
1.3 STREET ADDRESS	4760 NW 165th St.
1.4 CITY-ST-ZIP	Hialeah, Fla 33014
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	4760 NW 165th St.
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	50000188764000
3.4 CITY-ST-ZIP	05/17/96-01114-017
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	

\$\$\$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)(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 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: *Arlene Martinez* DATE: 5-1-96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE: 625-7786 (305)

CR2E034 (12/95)