

**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 # 207670 (1)

1. Corporation Name  
**ARROW MUFFLER CO INC**



Principal Place of Business: 14545 NW 7TH AVE MIAMI FL 33168  
Mailing Address: 14545 NW 7TH AVE MIAMI FL 33168

2. Principal Place of Business (21-23) and Mailing Address (2a-30) fields for DEJACOMO, CLARE.

3. Date Incorporated or Qualified: 11/20/1957  
3a. Date of Last Report: 05/01/1995  
4. FEI Number: 59-0841470  
5. Certificate of Status Desired:   
6. Election Campaign Financing Trust Fund Contribution:   
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No  
Additional Fees: \$8.75 and \$5.00

9. Name and Address of Current Registered Agent: DEJACOMO, CLARE, 14545 N.W. 7TH AVE, MIAMI FL 33168

10. Name and Address of New Registered Agent (81-85) fields.

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: [Signature] DATE: [Date]

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PD	DEJACOMO, CLARE	1.1 TITLE:	
NAME:	DEJACOMO, CLARE	1.2 NAME:	
STREET ADDRESS:	14545 N.W. 7TH AVE.	1.3 STREET ADDRESS:	
CITY-STATE-ZIP:	MIAMI FL	1.4 CITY-STATE-ZIP:	
TITLE: S	DEJACOMO, GEORGE M.	2.1 TITLE:	
NAME:	DEJACOMO, GEORGE M.	2.2 NAME:	
STREET ADDRESS:	14545 N.W. 7TH AVE.	2.3 STREET ADDRESS:	
CITY-STATE-ZIP:	MIAMI FL	2.4 CITY-STATE-ZIP:	
TITLE:		3.1 TITLE:	
NAME:		3.2 NAME:	
STREET ADDRESS:		3.3 STREET ADDRESS:	
CITY-STATE-ZIP:		3.4 CITY-STATE-ZIP:	
TITLE:		4.1 TITLE:	
NAME:		4.2 NAME:	
STREET ADDRESS:		4.3 STREET ADDRESS:	
CITY-STATE-ZIP:		4.4 CITY-STATE-ZIP:	
TITLE:		5.1 TITLE:	
NAME:		5.2 NAME:	
STREET ADDRESS:		5.3 STREET ADDRESS:	
CITY-STATE-ZIP:		5.4 CITY-STATE-ZIP:	
TITLE:		6.1 TITLE:	
NAME:		6.2 NAME:	
STREET ADDRESS:		6.3 STREET ADDRESS:	
CITY-STATE-ZIP:		6.4 CITY-STATE-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)(b), 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: [Signature] DATE: 5-1-96 305-688-0574

CR2E034 (12/95)