

**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 # **306918 (4)**

1. Corporation Name  
**LORY AUTOMATIC TRANSMISSION INC**



Principal Place of Business  
**2400 S W 8TH ST  
MIAMI FL 33135**

Mailing Address  
**2400 S W 8TH ST  
MIAMI FL 33135**

3. Date Incorporated or Qualified  
**07/12/1966**

3a. Date of Last Report  
**02/08/1995**

4. FEI Number  
**59-1143038**

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

21. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip Country

22. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip Country

23. Name and Address of Current Registered Agent

24. Name and Address of New Registered Agent

**GRANDE, MANUEL  
2720 SW 129TH AVE  
MIAMI FL 33175**

81 Name  
**ARAZOZA & COMAS PA**

82 Street Address (P.O. Box Number is Not Acceptable)  
**101 MADEIRA AVE**

83

84 City  
**CORAL GABLES FL**

85 Zip Code  
**33134**

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]*  
Signature of registered agent and the applicant (Block 11 - Registered Agent Signature required when re-registering)

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>GRANDE, MANUEL</b>	
STREET ADDRESS	<b>2720 SW 129TH AVE</b>	
CITY - ST - ZIP	<b>MIAMI, FL 00000</b>	
TITLE	<b>VD</b>	<input type="checkbox"/> DELETE
NAME	<b>GRANDE, JOSE</b>	
STREET ADDRESS	<b>6531 SW 106TH AVENUE</b>	
CITY - ST - ZIP	<b>MIAMI, FL 00000</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>GRANDE, FLIA</b>	
STREET ADDRESS	<b>2720 SW 129TH AVE</b>	
CITY - ST - ZIP	<b>MIAMI, FL 00000</b>	
TITLE	<b>S</b>	<input type="checkbox"/> DELETE
NAME	<b>GRANDE, CARLOS H</b>	
STREET ADDRESS	<b>1037 ALFONSO</b>	
CITY - ST - ZIP	<b>CORAL GABLES FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
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	

**700001736517**  
**-03/08/96--01009--015**  
**\*\*\*200.00**

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 in an attachment with an address.

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

01-18-96  
(305) 642-4621

CR2E034 (12/95)