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

STREET ADDRESS

officer or director of the corporation or the Block 12 or Block 13 if changed, or on a

CITY-ST-ZIP

FILED Mar 26 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # 306918 (4) LORY AUTOMATIC TRANSMISSION INC Principal Place of Business Mailing Address 2400 S W 8TH ST 2400 S W 8TH ST MIAMI FL 33135 MIAMI FL 33135 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 07/12/1966 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 <u>59-1143038</u> Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be Election Campaign Financing 23 Trust Fund Contribution 28 Added to Fees Zip Country This corporation owes or has paid the current year Intangible □ Ño 24 25 Personal Property Tax due June 30. Yes 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name ARAZOAZ & COMAS PA 101 MADEIRA AVE 82 Street Address (P.O. Box Number is Not Acceptable) **CORAL GABLES FL 33134** R3 84 City 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 Stgnature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN J 2 13. DELETE PETTON 1.1 TITLE Change TITLE GRANDE, MANUEL L. GRANDI NAME 1.2 NAME 2720 SW 129TH AVE STREET ADDRESS 1.3 STREET ADDRESS MIAMI, FL 00000 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Addition TITLE VD. 2.1 TITLE GRANDE, JOSE NAME 2.2 NAME **6531 SW 106TH AVENUE** STREET ADDRESS 2.3 STREET ADDRESS MIAMI, FL 00000 CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE GRANDE, FLIA 3.2 NAME NAME 2720 SW 129TH AVE STREET ADDRESS 3.3 STREET ADDRESS MIAMI, FL 00000 CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE PREGIDEN Change T/TI £ 4.1 TITLE M. GRANDE GRANDE, CARLOS H CAROS NAME 4. 2 NAME 1037 ALFONSO STREET ADDRESS 4.3 STREET ADDRESS 33146 **CORAL GABLES FL** CITY-ST-ZIP 4.4 CITY - ST - ZIP Change Addition DELETE TITLE 5.1 TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE Addition TITLE 6.1 TITLE Change 6.2 NAME NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP 14. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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 objective or true empowers to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in