

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Shirley B. Mathias
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **413794** (9)

1. Corporation Name
WOHLWEND MOTORS, INC.



Principal Place of Business: **496 N.W. 54 STREET MIAMI FL 33127**
Mailing Address: **496 N.W. 54 STREET MIAMI FL 33127**

2. Principal Place of Business: 21. State: **FL**
22. City & State: **MIAMI FL**
23. Zip: **33127**
24. County: **MIAMI**
25. Name and Address of Current Registered Agent: **RIVAGO, JEAN-MARIE 496 NW 54TH ST MIAMI FL 33127**
26. Mailing Address: 27. State: **FL**
28. City & State: **MIAMI FL**
29. Zip: **33127**
30. County: **MIAMI**

3. Date Incorporated or Qualified: **11/30/1972**
3a. Date of Last Report: **04/17/1995**
4. FEI Number: **59-1431731**
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. 193.032, Florida Statutes: Yes No
10. Name and Address of New Registered Agent

81. Name:
82. Street Address (P.O. Box Number is Not Acceptable):
83.
84. City: **MIAMI** 85. Zip Code: **33127**

11. Pursuant to the provisions of Sections 607.02(1) and 607.02(2), 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 hereby waiving and accepting the obligations of Section 607.02(2), Florida Statutes.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1996	
1. NAME	DP RIVAGE, JEAN M.	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. STREET ADDRESS	97 NW 74 ST.	2. TAX RETURN FILED	
3. CITY & STATE	MIAMI FL	3. CITY & STATE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4. ZIP		4. NAME	
5. TITLE	DT FERRIER, WILLIAM	5. STREET ADDRESS	
6. NAME	1141 NW 101ST ST.	6. CITY & STATE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
7. STREET ADDRESS	MIAMI FL	7. TITLE	
8. CITY & STATE		8. NAME	
9. ZIP		9. STREET ADDRESS	
10. TITLE		10. CITY & STATE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. NAME		11. TITLE	
12. STREET ADDRESS		12. NAME	
13. CITY & STATE		13. STREET ADDRESS	
14. ZIP		14. CITY & STATE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
15. TITLE		15. TITLE	
16. NAME		16. NAME	
17. STREET ADDRESS		17. STREET ADDRESS	
18. CITY & STATE		18. CITY & STATE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
19. ZIP		19. TITLE	
20. TITLE		20. NAME	
		21. STREET ADDRESS	
		22. CITY & STATE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		23. TITLE	
		24. NAME	
		25. STREET ADDRESS	
		26. CITY & STATE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		27. TITLE	
		28. NAME	
		29. STREET ADDRESS	
		30. CITY & STATE	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I, the undersigned, 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 furnished with this filing is not false or supplemented and is true and accurate and that my signature shall have the same legal effect as if made under oath. The name of the officer or director of the corporation who authorized me to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Part 12 or 13 of this report, or in a statement with an address.

SIGNATURE: *Jeann Marie Rivage*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
JEAN MARIE RIVAGE

CR2E034 (12/95)