

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

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Marston
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 615001 (5)
1. Corporation Name
MOTOGRAB, INC.



Principal Place of Business: 1811 N.W. 20TH STREET MIAMI FL 33142 US
Mailing Address: 1811 N.W. 20TH STREET MIAMI FL 33142 US

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

3. Date Incorporated or Qualified: 03/22/1979
3a. Date of Last Report: 01/17/1995
4. FLI Number: 59-1888280
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. 190.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MOTOLA, RAFAEL
1811 N.W. 20TH STREET
MIAMI FL 33142

81 Name: MOTOLA, RAFAEL
82 Street Address (P.O. Box Number is Not Acceptable): 1811 N.W. 20TH STREET
83 City: MIAMI
84 State: FL
85 Zip Code: 33142

11. Pursuant to the provisions of Sections 607.0002 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 607.0509, Florida Statutes.

SIGNATURE

Signature of Current Registered Agent: [Signature]

Signature of New Registered Agent: [Signature]

Date: 3/13/96

12. OFFICERS AND DIRECTORS		
TITLE: PD	NAME: MOTOLA, RAFAEL	<input type="checkbox"/> DELETE
STREET ADDRESS: 1800 NW 20 ST		
CITY-STATE-ZIP: MIAMI FL		
TITLE:	NAME:	<input type="checkbox"/> DELETE
STREET ADDRESS:		
CITY-STATE-ZIP:		
TITLE:	NAME:	<input type="checkbox"/> DELETE
STREET ADDRESS:		
CITY-STATE-ZIP:		
TITLE:	NAME:	<input type="checkbox"/> DELETE
STREET ADDRESS:		
CITY-STATE-ZIP:		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1. TITLE:	NAME:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. STREET ADDRESS:		
3. CITY-STATE-ZIP:		
4. TITLE:	NAME:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5. STREET ADDRESS:		
6. CITY-STATE-ZIP:		
7. TITLE:	NAME:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
8. STREET ADDRESS:		
9. CITY-STATE-ZIP:		
10. TITLE:	NAME:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. STREET ADDRESS:		
12. 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)(a), 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 addendum with an address.

SIGNATURE: [Signature]
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/13/96

(305) 545-8585

CR2E034 (12/95)