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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## FILED May 05 1997 8:00am Secretary of State

DOCUMENT # 620318 (6) 1. Corporation Name NURY AUTO SALES INC.  Principal Place of Business 2145 NW 27 AVE MIAMI FL 33142 MIAMI FL 33142-7128									
						3. Date Incorporated or Qualified		ite of Last f	Report
						04/26/1979	02/0	08/1996	
—ı	Place of Business	2a. Mailing	Address			4, FEI Number <b>59-1907263</b>			pplied For
Suite, Ap	I #, elc.	26 Suite, A	Apt. #, etc.				17/		ot Applicable Additional
2		27				5. Certificate of Status Desired	<b>1</b>		equired
City & Sta	ile	City & S	State			6. Election Campaign Financing			May Be
Z(p)	Country	<b>28</b>		Countr		Trust Fund Contribution			to Fees
24]	25	29		30	,	8. This corporation has liability for Florida Statutes	Yes [		5. 199.032,
	g. Name and Address of Cur	rent Registered A	gent			10. Name and Address of New Re	gistered	Agent	
	NTANA, MARIO L			8	1 Name				
	DO SW 20TH ST			8:	2 Street Add	ress (P.O. Box Number is Not Acceptal	ble)		
MIZ	AMI FL 33145			8	3				
							- · · . · · · · · · · · · · · · · · · ·	11	
				B₁	4 City		FL	<b>85</b> Zip	Code
office or agent 1	registered agent, or both, in the St am familiar with, and accept the of	ate of Florida, Such	change was	authorized b	by the corpora	poration submits this statement for the pation's board of directors. I hereby acce	ourpose of	changing ointment as	its registered s registered
office or agent 1 SIGNATURE 12.	registered agent, or both, in the St am familiar with, and accept the of Stgrature, typed or product name of registered OFFICERS	late of Florida, Such oligations of, Section agent and title 4 applicable AND DIRECTORS	change was n 607.0505, F	authorized torida Statute  PTE Registered A	oy the corporal es. gent signature requ	poration submits this statement for the pation's board of directors. I hereby accention when reinstating)  ADDITIONS/CHANGES TO OFFI	DATE	Ontment as	RS IN 12
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4. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statules. 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 eath, that I am an officer or director of the optionation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statules; and that my name appears in Block 12 of Block 13 if thanged, or on an attachment with an address.

SIGNATURE:

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/29/97

634-459 / Daytime Phone #

0195729