

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **F29743** (4)

1. Corporation Name

FLORIDA AUTOMOTIVE PURCHASING, CORP.



Principal Place of Business

**731 NORTH FEDERAL HIGHWAY
FORT LAUDERDALE FL 33304**

Mailing Address

**731 NORTH FEDERAL HIGHWAY
FORT LAUDERDALE FL 33304**

3. Date Incorporated or Qualified 04/29/1981	3a. Date of Last Report 06/12/1995
4. FEI Number 59-2084943	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

~~HOLT, LEO~~
~~1581 W. TERRAMAR DRIVE~~
~~POMPANO BEACH FL 33062~~

81. Name AMER PACHA
82. Street Address (P.O. Box Number is Not Acceptable) 731 N. FEDERAL HWY
83.
84. City FT. LAUDERDALE
85. Zip Code FL 33304

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 must be printed name of registered agent and filed in Block 12.

AMER PACHA - President

FEB 12, 1996

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P	<input checked="" type="checkbox"/> DELETE
NAME HOLT, LEO	
STREET ADDRESS 1581 WEST TERRAMAR DRIVE	
CITY - ST - ZIP POMPANO BEACH FL 33062	
TITLE V	<input checked="" type="checkbox"/> DELETE
NAME HOLT, PAT	
STREET ADDRESS 1581 WEST TERRAMAR DRIVE	
CITY - ST - ZIP POMPANO BEACH FL 33062	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

1.1 TITLE PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME AMER PACHA	
1.3 STREET ADDRESS 731 N. FEDERAL HWY	
1.4 CITY - ST - ZIP FT. LAUDERDALE, FL 33304	
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	

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 on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

AMER PACHA

FEB 12, 1996 (954) 523-6843

Date

Daytime Phone

CR2E034 (12/95)