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Apr 26, 1999 8:00 am
Secretary of State

04-26-1999 90106 001 *1,050.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **F80406**

1. Corporation Name
SOUTH MOTORS NISSAN COMPANY



Principal Place of Business
 17930 S. DIXIE HWY
 MIAMI FL 33157

Mailing Address
 16165 S. DIXIE HIGHWAY
 MIAMI FL 33157

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
05/05/1982

2. Principal Place of Business
 21 Suite, Apt. #, etc.

2a. Mailing Address
 26 Suite, Apt. #, etc.

4. FEI Number
59-2188716

Applied For
 Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired **\$8.75** Additional Fee Required

23 Zip Country

28 Zip Country

6. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees

24 Zip Country

29 Zip Country

30

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HOFFMAN, LARRY J.
1221 BRICKELL AVE.
MIAMI FL 33131

81 Name

82 Street Address (P.O. Box: Number is Not Acceptable)

83

84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0501 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DELETE
 NAME **CD**
 STREET ADDRESS **DASCAL, CHARLES**
1801 S.W. 1ST ST.
 CITY-ST-ZIP **MIAMI FL**

1.1 TITLE Change Addition
 1.2 NAME
 1.3 STREET ADDRESS
 1.4 CITY-ST-ZIP

TITLE DELETE
 NAME **ACFO**
 STREET ADDRESS **HILTON, JOHN**
16165 S. DIXIE HWY
 CITY-ST-ZIP **MIAMI FL**

2.1 TITLE Change Addition
 2.2 NAME
 2.3 STREET ADDRESS
 2.4 CITY-ST-ZIP

TITLE DELETE
 NAME **SD**
 STREET ADDRESS **HOFFMAN, LARRY J.**
1221 BRICKELL AVE
 CITY-ST-ZIP **MIAMI FL**

3.1 TITLE Change Addition
 3.2 NAME
 3.3 STREET ADDRESS
 3.4 CITY-ST-ZIP

TITLE DELETE
 NAME **PCD**
 STREET ADDRESS **VILLAMANAN, MANUEL**
16165 S. DIXIE HWY
 CITY-ST-ZIP **MIAMI FL**

4.1 TITLE Change Addition
 4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY-ST-ZIP

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

5.1 TITLE Change Addition
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

6.1 TITLE Change Addition
 6.2 NAME
 6.3 STREET ADDRESS
 6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered

SIGNATURE:
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **MANUEL VILLAMANAN** PRESIDENT 4-12-99 305-256-2317
 Date Daytime Phone #

CR2E034 (11/98)