

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

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Mar 24, 1999 8:00 am
Secretary of State

03-24-1999 90014 033 ***158.75

0202101

PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # **F85173**

1. Corporation Name
ALL VEHICLE IMPORTS, INC.

Principal Place of Business
 ONE S.E. THIRD AVENUE
 SUITE 2130
 MIAMI FL 33131

Mailing Address
 2060 BISCAYNE BLVD
 2ND FL
 MIAMI FL 33137-024
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 21 2060 Biscayne Blvd

2a. Mailing Address
 26

Suite, Apt. #, etc.
 22 2nd FL

Suite, Apt. #, etc.
 27

City & State
 23 Miami, FL

City & State
 28

Zip Country
 24 33137 25 USA

Zip Country
 29 30

3. Date Incorporated or Qualified
06/14/1982

4. FEI Number Applied For
65-0204489 Not Applicable

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 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

KRIEGER, STANLEY J.
 2060 BISCAYNE BLVD
 2ND FL
 MIAMI FL 33137

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 607.0502 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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRAMAN, NORMAN	1.2 NAME	
STREET ADDRESS	2060 BISCAYNE BLVD, 2ND FL	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33137	1.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KRIEGER, STANLEY J.	2.2 NAME	
STREET ADDRESS	2060 BISCAYNE BLVD, 2ND FL	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33137	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRAMAN, IRMA	3.2 NAME	
STREET ADDRESS	2060 BISCAYNE BLVD, 2ND FL	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33137	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEIBOWITZ, EDWARD R.	4.2 NAME	
STREET ADDRESS	2060 BISCAYNE BLVD, 2ND FL	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33137	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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:

Stanley J. Krieger
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(STANLEY) J. KRIEGER, SECY 3/15/99 (305) 576-1889

Date

Daytime Phone #

CR2E034 (11/98)