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Mar 06 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # F96000005412 (9)

1. Corporation Name
ANGEL AUTOMOTIVE GROUP, INC.

Principal Place of Business
PO BOX 27740
LAS VEGAS NV 89126

Mailing Address
PO BOX 27740
LAS VEGAS NV 89126-1740



3. Date Incorporated or Qualified 10/18/1996	3a. Date of Last Report
4. FEI Number 65-0696298	Applied For 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 checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 1505 PONCE DE LEON BLVD
22 City & State	27 Suite, Apt. #, etc.
23 City & State	28 CORAL GABLES FL
24 Zip	29 33134
25 Country	30 Country

9. Name and Address of Current Registered Agent

CASEY, JAMES C
10680 NW 25TH ST
MIAMI FL 33172

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	DCP	<input checked="" type="checkbox"/> DELETE
NAME	CALVO, JOSE A II	
STREET ADDRESS	1825 PONCE DE LEON BLVD #198	
CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE	DST	<input type="checkbox"/> DELETE
NAME	DIAZ, EOLIA	
STREET ADDRESS	2235 SW 12TH ST	
CITY-ST-ZIP	MIAMI FL 33135	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BROWN, ROBERT	
STREET ADDRESS	644 ALHAMBRA CIR	
CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DC	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	JOSE A CALVO	
1.3 STREET ADDRESS	1505 PONCE DE LEON BLVD	
1.4 CITY-ST-ZIP	CORAL GABLES FL 33134	
2.1 TITLE	DP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	JOSE A CALVO II	
2.3 STREET ADDRESS	1825 PONCE DE LEON BLVD, #198	
2.4 CITY-ST-ZIP	CORAL GABLES FL 33134	
3.1 TITLE	D, EXECUTIVE VICE PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	ROBERT BROWN	
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	MARTA CALVO	
4.3 STREET ADDRESS	1505 PONCE DE LEON BLVD	
4.4 CITY-ST-ZIP	CORAL GABLES FL 33134	
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	DENISE CALIGIURI	
5.3 STREET ADDRESS	2101 BRICKELL AVE, #223	
5.4 CITY-ST-ZIP	MIAMI FL 33129	
6.1 TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	JERRY SANTEIRO	
6.3 STREET ADDRESS	1403 MADRID ST	
6.4 CITY-ST-ZIP	CORAL GABLES 33134	

14. 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 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: Jose A Calvo II 2-21-97(305)445-5550
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)