## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/07: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

14. I do hereby certify that the information supplied with this filin information indicated on this annual follow or supplemental I am an officer or director of the proportion or the receive appears in Block 12 or Block 18 prophyriged, or on an attack

Aug 18 1997 8:00am PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1997 DOCUMENT # G62704 AUTOBAHN MOTOR SERVICE, INC. Principal Place of Business Mailing Address % OSCAR C. SICLE % OSCAR C. SICLE 7850 SW 78 CT 7650 SW 78 CT MIAMI FL 33143 MIAMI FL 33143 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 3a. Date of Last Report 09/20/1983 05/01/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-2322865 21 Not Applicable 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution 28 Added to Fees Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No 24 29 26 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent SICLE, OSCAR C. Name 7650 S.W. 78TH COURT 82 Street Address (P.O. Box Number is Not Acceptable) MIAMI FL 33143 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Change Addition TITLE 1.1 TITLE SICLE, OSCAR C. NAME 1.2 NAME 7650 SW 78 CT. STREET ADDRESS 1.3 STREET ADDRESS **MIAMI FL** CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE Channe Addition TITLE 2.1 TITLE SICLE, MIRIAM 2.2 NAME NAME 7650 SW 78TH CT. STREET ADDRESS 2.3 STREET ADDRESS MIAMI, FL 00000 2. 4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change ■ Addition TITLE 3.1 TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE 4.1 TITLE Addition TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE Change \_\_\_ Addition TITLE 61 TILLE NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 6.4 CITY-ST-ZIP ing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that or tustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name point with an address.

FILED

(4/97