FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT 1996

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

DOCUMENT # K10771 (9)

1. Corporation Name

SOSA AUTO SERVICENTER INC.

Principal Place of Business

601 NE 167 ST
N. MIAMI BEACH FL 33162

Mailing Address

601 NE 167 ST
N. MIAMI BEACH FL 33162

3. Date Incorporated or Qualified: 01/04/1988

3a. Date of Last Report: 08/11/1995

4. FEI Number: 65-0020509 — [ ] Applied For [ ] 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 has liability for intangible tax under s. 199.032, Florida Statutes [ ] Yes [ ] No

2. Principal Place of Business
21 Street Address
22 Suite, Apt. #, etc.
23 City & State
24 Zip — 25 Country

2a. Mailing Address
26 Street Address
27 Suite, Apt. #, etc.
28 City & State
29 Zip — 30 Country

9. **Name and Address of Current Registered Agent**

ROMANO, ANGELO
1000 VENETIAN WAY
APT 302
MIAMI BCH FL 33165

10. **Name and Address of New Registered Agent**

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 — REGISTERED AGENT — DATE

12. OFFICERS AND DIRECTORS

TITLE	P	[ ] DELETE
NAME	ROMANO, ANGELO	
STREET ADDRESS	1000 VENETIAN WAY #302	
CITY-ST-ZIP	MIAMI BCH FL	
TITLE	VP	[ ] DELETE
NAME	ROMANO, GIOVANNI	
STREET ADDRESS	1000 VENETIAN WAY #302	
CITY-ST-ZIP	MIAMI BCH FL	
TITLE	S	[ ] DELETE
NAME	ROMANO, ADRIANA	
STREET ADDRESS	1000 VENETIAN WAY APT. 302	
CITY-ST-ZIP	MIAMI BEACH FL	
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 TITLE		[ ] Change [ ] Addition
1 NAME		
1 STREET ADDRESS		
1 CITY-ST-ZIP		
2 TITLE		[ ] Change [ ] Addition
2 NAME		
2 STREET ADDRESS		
2 CITY-ST-ZIP		
3 TITLE		[ ] Change [ ] Addition
3 NAME		
3 STREET ADDRESS		
3 CITY-ST-ZIP		
4 TITLE		[ ] Change [ ] Addition
4 NAME		
4 STREET ADDRESS		
4 CITY-ST-ZIP		
5 TITLE		[ ] Change [ ] Addition
5 NAME		
5 STREET ADDRESS		
5 CITY-ST-ZIP		
6 TITLE		[ ] Change [ ] Addition
6 NAME		
6 STREET ADDRESS		
6 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntary 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 — Date — Daytime Phone #

CR2E034 (12/95)