FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY 23 PM 2:30

DOCUMENT # **K94930** **(0)**

1. Corporation Name
AUTOMAX TRADING COMPANY

Principal Place of Business	Mailing Address
C/O SANFORD A. LOFF, C.P.A. 2700 N 29TH AVE., #304 HOLLYWOOD FL 33020 US	C/O SANFORD A. LOFF, C.P.A. 2700 N 29TH AVE., #304 HOLLYWOOD FL 33020 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **06/09/1989**
3a. Date of Last Report: **06/09/1994**

2. Principal Place of Business	2a. Mailing Address
21 POLE 163 EASTERN MAIN ROAD	26 POLE 163 EASTERN MAIN ROAD
Suite, Apt. #, etc. 22 PETIT BOURG, SAN JUAN,	Suite, Apt. #, etc. 27 PETIT BOURG, SAN JUAN,
City & State 23 TRINIDAD, W.I.	City & State 28 TRINIDAD, W.I.
Zip / Country 24 / 25	Zip / Country 29 / 30

4. FEI Number: **65-0162488** ☐ 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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
LOFF, SANFORD A., C.P.A. 2700 N. AVENUE #304 HOLLYWOOD FL 33020	81 Name: SANFORD A. LOFF, CPA 82 Street Address (P.O. Box Number is Not Acceptable): 3440 Hollywood Blvd #456 83: Hollywood 84 City: FL 85 Zip Code: 33021

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 _____ 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	D	11 TITLE	☐ Change ☐ Addition
NAME	RAMPERSAD, LALCHAN	12 NAME	
STREET ADDRESS	POLE 163 EASTERN MAIN RD	13 STREET ADDRESS	
CITY ST ZIP	~~PETIT BOURG, W INDIE~~	14 CITY ST ZIP	PETIT BOURG, TRINIDAD, W.I.
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	RAMPERSAD, CHARMAINE	22 NAME	
STREET ADDRESS	POLE 163 EASTERN MAIN RD	23 STREET ADDRESS	
CITY ST ZIP	~~PETIT BOURG, W INDIE~~	24 CITY ST ZIP	PETIT BOURG, TRINIDAD, W.I.
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY ST ZIP		34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: ✓LALCHAN RAMPERSAD 05/09/95 (809)638-1079
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone Number

0061174 CP