

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 # **K94930** (0)

1. Corporation Name

AUTOMAX TRADING COMPANY



Principal Place of Business

Mailing Address

**POLE 163 EASTERN MAIN RD
PETIT BOURG, SAN JUAN
TRINIDAD W 33020
US**

**POLE 163 EASTERN MAIN RD
PETIT BOURG, SAN JUAN
TRINIDAD W 33020
US**

3. Date Incorporated or Qualified

06/09/1989

3a. Date of Last Report

05/26/1995

2. Principal Place of Business

2a. Mailing Address

21 **POLE 163 EASTERN MAIN ROAD**

26 **POLE 163 EASTERN MAIN ROAD**

22 **PETIT BOURG, SAN JUAN,**

27 **PETIT BOURG, SAN JUAN,**

23 **TRINIDAD, WEST INDIES.**

28 **TRINIDAD, WEST INDIES**

24 Zip Country

29 Zip Country

25

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 CPA
3440 HOLLYWOOD BLVD
SUITE 450
HOLLYWOOD FL 33021**

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 607.0506, 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 ☐ DELETE

NAME **D RAMPERSAD, LALCHAN**
STREET ADDRESS **POLE 163 EASTERN MAIN RD**
CITY-ST-ZIP **PETIT BOURG TR**

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

PETIT BOURG, TRINIDAD.

TITLE ☐ DELETE

NAME **D RAMPERSAD, CHARMAINE**
STREET ADDRESS **POLE 163 EASTERN MAIN RD**
CITY-ST-ZIP **PETIT BOURG TR**

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

PETIT BOURG, TRINIDAD

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 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)(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: **LALCHAN RAMPERSAD**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/08/96

Date

(809) 638-1079

Daytime Phone #

CR2E034 (12/95)