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Feb 28 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 # **K94930** (0)
1. Corporation Name:
AUTOMAX TRADING COMPANY



Principal Place of Business: **POLE 163 EASTERN MAIN ROAD
PETIT BOURG, SAN JUAN
TRINIDAD WE 33020
US**
Mailing Address: **POLE 163 EASTERN MAIN ROAD
PETIT BOURG, SAN JUAN
TRINIDAD WE 33020
US**

3. Date Incorporated or Qualified: **06/09/1989**
3a. Date of Last Report: **02/22/1996**

2. Principal Place of Business 21 POLE 163 EASTERN MAIN ROAD Suite, Apt. #, etc.	2a. Mailing Address 26 POLE 163 EASTERN MAIN ROAD Suite, Apt. #, etc.	4. FEI Number 65-0162488	Applied For <input type="checkbox"/> Not Applicable
22 PETIT BOURG, SAN JUAN, City & State	27 PETIT BOURG, SAN JUAN, City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23 TRINIDAD, WEST INDIES Zip	28 TRINIDAD, WEST INDIES. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24 Country	29 Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**LOFF, SANFORD A CPA
3440 HOLLYWOOD BLVD
SUITE 450
HOLLYWOOD FL 33021**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title, if applicable.

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	RAMPERSAD, LALCHAN	
STREET ADDRESS	POLE 163 EASTERN MAIN RD	
CITY - ST - ZIP	PETIT BOURG TR	
TITLE	D	<input type="checkbox"/> DELETE
NAME	RAMPERSAD, CHARMAINE	
STREET ADDRESS	POLE 163 EASTERN MAIN RD	
CITY - ST - ZIP	PETIT BOURG TR	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	PETIT BOURG, TRINIDAD
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	PETIT BOURG, TRINIDAD
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/19/97

(809) 638-1079

CR2E034 (9/96)