

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**FILED**  
**Feb 13 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # L33087 (2)**

1. Corporation Name  
**LASAN AUTO CORPORATION**



Principal Place of Business <b>200 N.W. 27TH AVENUE                  MIAMI FL 33125</b>	Mailing Address <b>200 N.W. 27TH AVENUE                  MIAMI FL 33125-5116</b>
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3. Date Incorporated or Qualified <b>12/01/1989</b>	3a. Date of Last Report <b>04/25/1996</b>
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2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>26</b>
Suite, Apt #, etc. <b>22</b>	Suite, Apt #, etc. <b>27</b>
City & State <b>23</b>	City & State <b>28</b>
Zip <b>24</b>	Country <b>25</b>
Zip <b>29</b>	Country <b>30</b>

4. FEI Number <b>65-0180244</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
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**

**DIOSDADO, SANTANA**  
**13777 S.W. 9TH TERRACE**  
**MIAMI FL 33184**

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

81 Name <b>IHO SVANY SANTANA</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>7325 SW 101 CT</b>
83
84 City <b>MIAMI</b>
85 State <b>FL</b>
Zip Code <b>33173</b>

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 *Ihosvany Santana* DATE **2/8/97**

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

**12. OFFICERS AND DIRECTORS**

TITLE <b>PS</b>	<input checked="" type="checkbox"/> DELETE
NAME <b>DIOSDADO, SANTANA</b>	
STREET ADDRESS <b>13777 SW 9TH TERRACE</b>	
CITY-ST-ZIP <b>MIAMI FL</b>	
TITLE <b>VP</b>	<input type="checkbox"/> DELETE
NAME <b>SANTANA, IHO SVANY</b>	
STREET ADDRESS <b>7325 SW 101ST CT</b>	
CITY-ST-ZIP <b>MIAMI FL</b>	
TITLE <b>VP- SECRETARY</b>	<input type="checkbox"/> DELETE
NAME <b>MAYELIN SANTANA</b>	
STREET ADDRESS <b>7325 SW 101 CT</b>	
CITY-ST-ZIP <b>MIAMI FL 33173</b>	
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	
1.4 CITY-ST-ZIP	
2.1 TITLE <b>PRESIDENT</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
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, unchanged, or on an attachment with an address

SIGNATURE *Ihosvany Santana* DATE **2/8/97**

CR2E034 (9/96)