


FILE NOW: Fee after May 1, will be \$588.75

LIMITED LIABILITY COMPANY ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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FILED

97 FEB 18 AM 8:24

SECRETARY OF STATE
TALLAHASSEE FLORIDA

FILING FEE \$ 203.75	Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE
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1. Name and Mailing Address of Limited Liability Company	DOCUMENT # L94000000554
AUTO PANACHE, L.C. 1240 SW 20TH AVE BOCA RATON FL 33486	

1a. Principal Place of Business Address
1240 SW 20TH AVE BOCA RATON FL 33486

If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.

2. Principal Place of Business	2a. Mailing Address	3. Date Organized or Qualified	3a. State of Formation
Suite, Apt. #, etc.	Suite, Apt. #, etc.	10/12/1994	FL
City & State	City & State	4. FEI Number	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
Zip	Country	65-0536743	
		5. Date of Last Report	6. Certificate of Status Desired
		08/08/1996	<input type="checkbox"/> Additional Fee Required

7. Name and Address of Current Registered Agent	8. Name and Address of New Registered Agent
RAYMOND, JOHN J 1200 NORTH FEDERAL HIGHWAY SUITE 411 BOCA RATON FL 33432	Name Street Address (P.O. Box Number is Not Acceptable) 200002090942--8 Suite, Apt. #, etc. -02/18/97-01109-007 ***203.75 ***203.75 City FL Zip Code

9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company 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 affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.

SIGNATURE _____ (Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating) DATE _____

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGR	JAMALOODEEN, MOHAMED	1240 SW 20TH AVE	BOCA RATON FL
MEM	JAMALOODEEN, HAROUN M	1240 SW 20TH AVE	BOCA RATON FL
MEM	JAMALOODEEN, AHMED	1240 SW 20TH AVE	BOCA RATON FL
MEM	JAMALOODEEN, NAZIR	1240 SW 20TH AVE	BOCA RATON FL

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes; and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE:  DR. A. JAMALOODEEN 02/12/97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #