

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

FILED
Jan 24 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 # M00940 (0)

1. Corporation Name
MASTER AUTO SALES, INC.

Principal Place of Business

13001 NW 43 AVE. BAY A8
5827 S.W. 33RD STREET
OPALOCKA FL 33054
US

Mailing Address

% LUIS A. MARTINEZ
5827 S.W. 33RD STREET
MIAMI FL 33155-4903



3. Date Incorporated or Qualified 05/23/1984
3a. Date of Last Report 02/06/1996

2. Principal Place of Business 21 Suite, Apt. #, etc. 2a. Mailing Address 26 Suite, Apt. #, etc. 4. FEI Number 59-2409514 Applied For Not Applicable

22 City & State 27 City & State 5. Certificate of Status Desired \$8.75 Additional Fee Required

23 Zip 24 Country 25 28 City & State 29 Zip 30 Country 6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

24 Zip 25 Country 29 Zip 30 Country 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

MARTINEZ, LUIS A.
5827 S.W. 33RD STREET
MIAMI FL 33155

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: 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

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|---|---|-----------------|
| TITLE | P MARTINEZ, LUIS A. 5827 SW 33 ST. MIAMI FL | 1.1 TITLE | Change Addition |
| NAME | V FERRER, EMILIO 7235 W 2D CT. HIALEAH FL | 1.2 NAME | Change Addition |
| STREET ADDRESS | S MARTINEZ, NORMA P. 5827 SW 33 ST. MIAMI FL | 1.3 STREET ADDRESS | Change Addition |
| CITY-ST-ZIP | T FERRER, ELENA 7235 W 2D COURT HIALEAH FL | 1.4 CITY-ST-ZIP | Change Addition |
| TITLE | | 2.1 TITLE | Change Addition |
| NAME | | 2.2 NAME | Change Addition |
| STREET ADDRESS | | 2.3 STREET ADDRESS | Change Addition |
| CITY-ST-ZIP | | 2.4 CITY-ST-ZIP | Change Addition |
| TITLE | | 3.1 TITLE | Change Addition |
| NAME | | 3.2 NAME | Change Addition |
| STREET ADDRESS | | 3.3 STREET ADDRESS | Change Addition |
| CITY-ST-ZIP | | 3.4 CITY-ST-ZIP | Change Addition |
| TITLE | | 4.1 TITLE | Change Addition |
| NAME | | 4.2 NAME | Change Addition |
| STREET ADDRESS | | 4.3 STREET ADDRESS | Change Addition |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | Change Addition |
| TITLE | | 5.1 TITLE | Change Addition |
| NAME | | 5.2 NAME | Change Addition |
| STREET ADDRESS | | 5.3 STREET ADDRESS | Change Addition |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | Change Addition |
| TITLE | | 6.1 TITLE | Change Addition |
| NAME | | 6.2 NAME | Change Addition |
| STREET ADDRESS | | 6.3 STREET ADDRESS | Change Addition |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | Change Addition |

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, or on an attachment with an address.

SIGNATURE: [Signature] LUIS A. MARTINEZ 1-16-97 305-661-7419
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)