

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

FILED
Mar 31 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # M18358 (5)

1. Corporation Name
SOUTH MOTORS SUZUKI, INC.



Principal Place of Business 16215 S. DIXIE HIGHWAY MIAMI FL 33157	Mailing Address 16215 S. DIXIE HIGHWAY MIAMI FL 33157
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 07/23/1985	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country
4. FEI Number 59-2804935	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent HOFFMAN, LARRY J 1221 BRICKELL AVE. MIAMI, FL 33131				10. Name and Address of New Registered Agent	
81 Name				82 Street Address (P.O. Box Number is Not Acceptable)	
83				84 City	
				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 _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE P	<input type="checkbox"/> DELETE	1.1 TITLE CD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME DASCAL, CHARLES		1.2 NAME	
STREET ADDRESS 1801 SW 1ST ST.		1.3 STREET ADDRESS	
CITY-ST-ZIP MIAMI FL		1.4 CITY-ST-ZIP	
TITLE ACFO	<input type="checkbox"/> DELETE	2.1 TITLE AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME HILTON, JOHN		2.2 NAME	
STREET ADDRESS 16165 S. DIXIE HWY		2.3 STREET ADDRESS	
CITY-ST-ZIP MIAMI FL		2.4 CITY-ST-ZIP	
TITLE VP	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BUTTAFUOCO, RICHARD		3.2 NAME	
STREET ADDRESS 16165 S DIXIE HWY		3.3 STREET ADDRESS	
CITY-ST-ZIP MIAMI FL		3.4 CITY-ST-ZIP	
TITLE SRA	<input type="checkbox"/> DELETE	4.1 TITLE S/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME HOFFMAN, LARRY J		4.2 NAME	
STREET ADDRESS 1221 BRICKELL AVE		4.3 STREET ADDRESS	
CITY-ST-ZIP MIAMI FL		4.4 CITY-ST-ZIP	
TITLE P	<input type="checkbox"/> DELETE	5.1 TITLE P/CEO/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME VILLAMANAN, MANUEL		5.2 NAME	
STREET ADDRESS 16165 S DIXIE HWY		5.3 STREET ADDRESS	
CITY-ST-ZIP MIAMI FL		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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 _____ DATE _____

CR2E034 (10/97)