2004 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DÖZUMENT # M18358

1. Entity Name

SOUTH MOTORS SUZUKI, INC.



Principal Place of Business Mailing Address

16215 S. DIXIE HIGHWAY MIAMI, FL 33157 Mailing Address

16215 S. DIXIE HIGHWAY MIAMI, FL 33157 FILED Jul 19, 2004 08:00 AM Secretary of State



07022004

No Chg-P

CR2E034 (10/03)

4. FEI Number 59-2804935

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

5. Nams and Address of Current Registered Agent

HOFFMAN, LARRY J 1221 BRICKELL AVE. MIAMI, FL 33131

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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.						
SIGNATURE Signature, typed or printed name of registered agent and bills if applicable. (NOTE. Registered agent and bills if applicable.				ont signature required whith reinstating) DATE		
FILE NOWILL FEE IS \$150.00 9. Election Campaign F Due by September 8, 2004 Trust Fund Contribution				\$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD DASCAL, CHARLES 1801 SW 1ST ST. MIAMI, FL				000000167079 07/19/04-80010-009 150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS HILTON, JOHN 16165 S. DIXIE HWY MIAMI, FL			· .	Tana tana-ghoin-nna tan'nn	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HOFFMAN, LARRY J 1221 BRICKELL AVE MIAMI, FL			DO	NOT WRITE	
WILE NAME STREET ADDRESS CITY-SY-ZIP	PCD VILLAMANAN, MANUEL 16165 S DIXIE HWY MIAMI, FL			IN THIS SPACE		
NAME STREET ADDRESS CITY-ST-ZIP	VP CHARIFF, JONATHAN 16165 S. DIXIE HWY MIAMI, FL 33157					
TITLE NAME STREET ADDRESS					······ · · · · · · · · · · · · · · · ·	

12. Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florkda Statutes. I further certify that the information indicated on this report or supplemental 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, Florkda Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-6-64 305-256-2317