

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Martham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **M50753** (6)

1. Corporation Name

SOUTH MOTORS CHRYSLER-PLYMOUTH, INC.



Principal Place of Business

Mailing Address

16165 S. DIXIE HWY
MIAMI FL 33157
US

16165 S. DIXIE HWY
MIAMI FL 33157
US

2. Principal Place of Business

2a. Mailing Address

21 Subst. Apt. # etc.

26 Subst. Apt. # etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

3. Date Incorporated or Qualified

04/22/1987

3a. Date of Last Report

04/10/1995

4. FEI Number

59-2804935

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HOFFMAN, LARRY J.
1221 BRICKELL AVENUE
MIAMI FL 33131

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 of the principal officer or director of the corporation

Signature of Registered Agent (required if not existing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE: PD
NAME: DASCAL, CHARLES
STREET ADDRESS: 1801 S.W. 1ST STREET
CITY-STATE-ZIP: MIAMI FL

1.1 TITLE: Change Addition
1.2 NAME:
1.3 STREET ADDRESS:
1.4 CITY-STATE-ZIP:

TITLE: VP
NAME: BUTTAFUOCO, RICHARD
STREET ADDRESS: 16165 S. DIXIE HWY.
CITY-STATE-ZIP: MIAMI FL

2.1 TITLE: Change Addition
2.2 NAME:
2.3 STREET ADDRESS:
2.4 CITY-STATE-ZIP:

TITLE: S
NAME: HOFFMAN, LARRY J
STREET ADDRESS: 1221 BRICKELL AVE.
CITY-STATE-ZIP: MIAMI FL

3.1 TITLE: Change Addition
3.2 NAME:
3.3 STREET ADDRESS:
3.4 CITY-STATE-ZIP:

TITLE: CFO
NAME: DAUGHERTY, CHARLES
STREET ADDRESS: 16165 S. DIXIE HWY.
CITY-STATE-ZIP: MIAMI FL

4.1 TITLE: Change Addition
4.2 NAME: Asst CFO
4.3 STREET ADDRESS: John Hilton
4.4 CITY-STATE-ZIP: 16165 S. Dixie Hwy
Miami, FL

TITLE: DELETE
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

5.1 TITLE: Change Addition
5.2 NAME:
5.3 STREET ADDRESS:
5.4 CITY-STATE-ZIP:

TITLE: DELETE
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

6.1 TITLE: Change Addition
6.2 NAME:
6.3 STREET ADDRESS:
6.4 CITY-STATE-ZIP:

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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 to an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Richard Buttafuoco, EVP

CP2E034 (12/95)