


File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999			FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
FILING FEE \$ 188.75	Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE		

FILED 12/5/6
99 MAY -3 PM 2:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Name and Mailing Address of Limited Liability Company DOCUMENT # M98000000592 ALL DADE AUTO BODY, L.L.C. 5220 N.W. 165TH STREET MIAMI LAKES FL 33014		1a. Principal Place of Business Address 5220 N.W. 165TH STREET MIAMI LAKES FL 33014	
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2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		2a. Mailing Address Suite, Apt. #, etc. City & State Zip Country		3. Date Organized or Qualified 06/09/1998	3a. State of Formation DE
				4. FEI Number	<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
				5. Date of Last Report	6. Certificate of Status Desired \$8.75 Additional Fee Required <input type="checkbox"/>

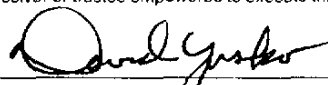
7. Name and Address of Current Registered Agent YUSKO, DAVID 3191 CORAL GABLES WAY, SUITE 1005 CORAL GABLES FL 33145		8. Name and Address of New Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) 000002871390 Suite, Apt. #, etc. 05/11/99 01060 006 ****188.75 ****188.75 City FL Zip Code	
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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 _____ DATE _____
(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when re-registering)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGRM	GOLD COAST AUTO MALL,	3191 CORAL GABLES WAY, SUITE 1005	CORAL GABLES FL 33145

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:  **DAVID YUSKO** 4/30/99 (305) 558-1400

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED MANAGER OR MEMBER FROM MANAGER