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Feb 06 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997				FLORIDA DEPARTMENT OF STATE Sandra E. Morthain Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N23844 (6) 1. Corporation Name ANTIQUE AUTOMOBILE CLUB OF AMERICA, SOUTH FLORID A REGION, INC.					
Principal Place of Business 1510 SARRIA AVE MIAMI FL 33146 US		Mailing Address C/O GOEBEL, HARRY, B. 1510 SARRIA AVE. CORAL GABLES FL 33146-1055 US			
2. Principal Place of Business 21 SAME-1510 SARRIA		2a. Mailing Address 26 SAME		3. Date Incorporated or Qualified 12/07/1987	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		3a. Date of Last Report 01/24/1996	
City & State 23 CORAL GABLES, FL		City & State 28		4. FEI Number 59-2878377	
Zip 24 33146		Country 25 DAGE		Applied For Not Applicable	
9. Name and Address of Current Registered Agent HARRIS, BEN 2235 S.W. 34TH AVE MIAMI FL 33145		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 617.0502 and 617.1508, 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 617.0503, Florida Statutes. SIGNATURE <u>Ben Harris</u> DATE <u>1-7-97</u> <small>Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MAYER, BOB		1.2 NAME		
STREET ADDRESS	10285 S.W. 135 STREET		1.3 STREET ADDRESS		
CITY - ST - ZIP	MIAMI FL		1.4 CITY - ST - ZIP		
TITLE	S	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	TRUITT, NANCY		2.2 NAME	S ANN MARIE CLYATT	
STREET ADDRESS	73 CAMPINA CT.		2.3 STREET ADDRESS	5421 S.W. 63 CT.	
CITY - ST - ZIP	CORAL GABLES FL		2.4 CITY - ST - ZIP	MIAMI, FL 33155	
TITLE	D	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ROSCOE, AL		3.2 NAME		
STREET ADDRESS	5861 SW 89TH PL		3.3 STREET ADDRESS		
CITY - ST - ZIP	MIAMI FL		3.4 CITY - ST - ZIP		
TITLE	D	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	REYES, NELSON		4.2 NAME	D JERRY HASTER	
STREET ADDRESS	1110 NW 186 ST		4.3 STREET ADDRESS	8605 S.W. 120 ST.	
CITY - ST - ZIP	N MIAMI FL		4.4 CITY - ST - ZIP	MIAMI, FL 33156	
TITLE	TD	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GOEBEL, HARRY B		5.2 NAME		
STREET ADDRESS	1510 SARRIA AVE.		5.3 STREET ADDRESS		
CITY - ST - ZIP	CORAL GABLES FL		5.4 CITY - ST - ZIP		
TITLE	VPD	<input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GREENSTEIN, SID		6.2 NAME	ISRAEL MANN	
STREET ADDRESS	5131 S.W. 87 AVE		6.3 STREET ADDRESS	10091 S.W. 45 ST.	
CITY - ST - ZIP	MIAMI FL		6.4 CITY - ST - ZIP	MIAMI, FL 33176-7088	
14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address. SIGNATURE: <u>[Signature]</u> DATE <u>Jan. 7, 1996</u> 305-235-6000 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

CR2E037 (9/96)