

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # N95000000979 (3)

1. Corporation Name

AUTOMOTIVE SERVICE ASSOCIATION OF DADE COUNTY, INC.



Principal Place of Business

Mailing Address

4551 SW 71 AVE
MIAMI FL 33155

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MIAMI FL 33155

3. Date Incorporated or Qualified

02/28/1995

3a. Date of Last Report

02/28/95

2. Principal Place of Business

2a. Mailing Address

21 14205 sw 142 nd AVE

26 8825 SW 129th ST

4. FEI Number

65-0573441

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional Fee Required

City & State

City & State

23 Miami FLA.

28 Miami FLA.

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

24 33186

25 Dade

29 33176

30 Dade

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

RUBIN, JONATHAN R
9350 S DIXIE HWY, PH2
MIAMI FL 33156

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DP	<input checked="" type="checkbox"/> DELETE
NAME	KEYES, GARY	
STREET ADDRESS	4551 SW 71 AVE	
CITY - ST - ZIP	MIAMI FL 33155	
TITLE	DV	<input checked="" type="checkbox"/> DELETE
NAME	SPRING, CLIFFORD	
STREET ADDRESS	6125 W 21 CT	
CITY - ST - ZIP	HIALEAH FL 33016	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	GIROUX, MIKE	
STREET ADDRESS	8825 SW 129 ST	
CITY - ST - ZIP	MIAMI FL 33176	
TITLE	DS	<input checked="" type="checkbox"/> DELETE
NAME	SOBUSH, MARK	
STREET ADDRESS	18735 SW 104 AVE	
CITY - ST - ZIP	MIAMI FL 33157	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	JENNY PIKE	
STREET ADDRESS	3823 NW 2nd Ave	
CITY - ST - ZIP	Miami FLA. 33127	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

1.1 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	DP	
1.3 STREET ADDRESS	BILL MAER	
1.4 CITY - ST - ZIP	14205 SW 142 nd AVE	
2.1 TITLE	Miami Fla. 33186	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	DVM	
2.3 STREET ADDRESS	ROBERT VIGGIANI	
2.4 CITY - ST - ZIP	6428 South Dixie Highway	
3.1 TITLE	Miami FLA. 33143	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	DVB	
3.3 STREET ADDRESS	RAY GASPARINI	
3.4 CITY - ST - ZIP	4851 SW 75th AVE	
4.1 TITLE	Miami FLA. 33155	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - 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)(k), 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:

Michael Giroux Michael Giroux DT

Date: 4/19/96

Daytime Phone #

305-253-7499

CR2E037 (12/95)