


FILE NOW: FILING FEE IS \$61.25

FILED  
May 14 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997				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, I NC.					
Principal Place of Business 14205 SOUTHWEST 142ND AVENUE MIAMI FL 33186 US			Mailing Address 8825 SOUTHWEST 129TH STREET MIAMI FL 33178-5918 US		
2. Principal Place of Business 21 3005 NE 2nd AVE Suite, Apt. #, etc. 22		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 MIAMI, Fla Zip 29 33137-4113 Country 25 DADE		3. Date Incorporated or Qualified 02/28/1995 3a. Date of Last Report 04/26/1996 4. FEI Number 65-0573441 Applied For Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent RUBIN, JONATHAN R 9350 S DIXIE HWY, PH2 MIAMI FL 33156			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 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 NAME MAER, BILL STREET ADDRESS 14205 SW 142ND AVE CITY-ST-ZIP MIAMI FL <input checked="" type="checkbox"/> DELETE			1.1 TITLE PRESIDENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1.2 NAME GABRIEL CORTEZ 1.3 STREET ADDRESS 3005 NE 2nd AVE 1.4 CITY-ST-ZIP MIAMI, FLA. 33137-4113		
TITLE DVM NAME VIGGIANI, ROBERT STREET ADDRESS 6428 S DIXIE HWY CITY-ST-ZIP MIAMI FL <input checked="" type="checkbox"/> DELETE			2.1 TITLE DVM <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 2.2 NAME MARLON SAENZ 2.3 STREET ADDRESS 18631 SW 105th PLACE 2.4 CITY-ST-ZIP MIAMI, FLA 33157		
TITLE DT NAME GIROUX, MIKE STREET ADDRESS 8825 SW 129 ST CITY-ST-ZIP MIAMI FL 33176 <input type="checkbox"/> DELETE			3.1 TITLE DVB <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 3.2 NAME DAVID MILLER 3.3 STREET ADDRESS 551 NW 71 STREET 3.4 CITY-ST-ZIP MIAMI, FL 33150		
TITLE DVB NAME GASPARINI, RAY STREET ADDRESS 4851 SW 75TH AVE CITY-ST-ZIP MIAMI FL <input checked="" type="checkbox"/> DELETE			4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		
TITLE DS NAME PIKE, JENNY STREET ADDRESS 3828 NW 2ND AVE CITY-ST-ZIP MIAMI FL <input checked="" type="checkbox"/> DELETE			5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE			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 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 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 J. GIROUX

4/30/97

CR2E037 (9/96)