

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
--	--

3. Date Incorporated or Qualified 02/28/1995	3a. Date of Last Report 04/26/1996
--	--

2. Principal Place of Business 21 3005 NE 2nd AVE Suite, Apt. #, etc.	2a. Mailing Address 26 Suite, Apt. #, etc.
22 City & State 23 Miami Fla	27 City & State
24 33137-4113 Zip Country 25 DADE	28 Zip Country 29 30

4. FEI Number 65-0573441	Applied For <input type="checkbox"/> 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
8. 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	
TITLE DP	<input checked="" type="checkbox"/> DELETE
NAME MAER, BILL	
STREET ADDRESS 14205 SW 142ND AVE	
CITY-ST-ZIP MIAMI FL	
TITLE DVM	<input checked="" type="checkbox"/> DELETE
NAME VIGGIANI, ROBERT	
STREET ADDRESS 6428 S DIXIE HWY	
CITY-ST-ZIP MIAMI FL	
TITLE DT	<input type="checkbox"/> DELETE
NAME GIROUX, MIKE	
STREET ADDRESS 8825 SW 129 ST	
CITY-ST-ZIP MIAMI FL 33176	
TITLE DVB	<input checked="" type="checkbox"/> DELETE
NAME GASPARINI, RAY	
STREET ADDRESS 4851 SW 75TH AVE	
CITY-ST-ZIP MIAMI FL	
TITLE DS	<input checked="" type="checkbox"/> DELETE
NAME PIKE, JENNY	
STREET ADDRESS 3828 NW 2ND AVE	
CITY-ST-ZIP MIAMI FL	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
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	
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	
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	
4.1 TITLE	<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 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 V. Giroux* **4/30/97**

CR2E037 (9/96)