
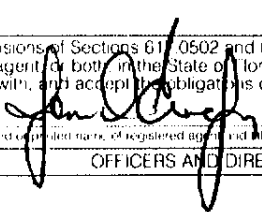
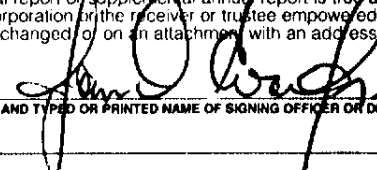


FILE NOW: FILING FEE IS \$61.25

FILED
Mar 11 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 # N97000000526 1. Corporation Name: THE SOUTH FLORIDA MERCEDES-BENZ DEALERS, INC					
Principal Place of Business 444 N.W. 165th STREET MIAMI, FLORIDA 33169		Mailing Address 444 N.W. 165th STREET MIAMI, FLORIDA 33169			
2. Principal Place of Business 21 Suite Apt #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite Apt #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 03/01/1995 3a. Date of Last Report 7/26/1996 4. FEI Number 65-0564083 5. Certificate of Status Desired <input checked="" 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			10. Name and Address of New Registered Agent		
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:  <small>(Signature typed in printed name of registered agent and file if applicable)</small>		
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP			PD EVANS JR, JAMES D. 444 N.W. 165 th STREET MIAMI, FLA 33169		
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP			VD BROCKWAY, ROBERT 444 NW 165 th STREET MIAMI, FLA 33169		
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP			TD LINUS JAMES 444 NW 165 th STREET MIAMI, FLA 33169		
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP			SD ASTON, RICHARD 444 NW 165 th STREET MIAMI, FLA 33169		
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP			ATD KLAMANN, ROBERT 444 NW 165 th STREET MIAMI, FLA 33169		
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP			100002111351 -03/12/97--01071--027 ***70.00		
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. 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

CR2E037 (9/96)

2.24.97 #305.919.8000
Date Daytime Phone #