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Mar 01, 1999 8:00 am
Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P27457

1. Corporation Name
PREVOST CAR, INC.

Principal Place of Business 862 VALLEY BROOK AVE. P.O. BOX 268 LYN DHURST NJ 07071	Mailing Address 862 VALLEY BROOK AVE. P.O. BOX 268 LYN DHURST NJ 07071
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Country 29	Zip 30

3. Date Incorporated or Qualified 12/27/1989	
4. FEI Number 22-1935309	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
8. This corporation owes the current year Intangible Personal Property Tax.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

MUSCORELLA, JOSEPH
6931 BUSINESS PARK BLVD.
JACKSONVILLE FL 32256

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	BOURELLE, GEORGES	
STREET ADDRESS	35 BLVD GAGNON ST CLAIRE	
CITY-ST-ZIP	QUEBEC CA	
TITLE	V	<input type="checkbox"/> DELETE
NAME	LETOURNEAU, PIERRE	
STREET ADDRESS	35 BLVD GAGNON ST. CLAIRE	
CITY-ST-ZIP	QUEBEC CA	
TITLE	V	<input type="checkbox"/> DELETE
NAME	CRAIG, JOSEPH F.	
STREET ADDRESS	862 VALLEY BROOK AVE	
CITY-ST-ZIP	LYNDHURST NJ	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	REAL ROY
2.3 STREET ADDRESS	35 BLVD GAGNON ST. CLAIRE
2.4 CITY-ST-ZIP	QUEBEC, CANADA G0R2V0
3.1 TITLE	CFO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	LINA MARTINEZ
3.3 STREET ADDRESS	862 VALLEY BROOK AVE
3.4 CITY-ST-ZIP	LYNDHURST, NJ 07071
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 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **X** *Lina Martinez* **SIGNATURE REQUIRED** LINA MARTINEZ 1/22/99 201.933.3960
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (11/98)