

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # P93000001265 (6)

1. Corporation Name

CENTRAL AUTO ENTERPRISES CORP.



Principal Place of Business

4020 EAST 8TH AVENUE
HIALEAH FL 33013

Mailing Address

4020 EAST 8TH AVENUE
HIALEAH FL 33013

3. Date Incorporated or Qualified
12/28/1992

3a. Date of Last Report
04/18/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number
65-0381756

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

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

NASCIMENTO, AFONSO
4020 EAST 8TH AVENUE
HIALEAH FL 33013

81

Name JOSE LUIS VALDES

82

Street Address (P.O. Box Number is Not Acceptable)

83

1078 W 79 STREET

84

City HIALEAH

FL

85 Zip Code 33014

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

[Signature]
Signature by an officer or director of the corporation

[Signature] JOSE LUIS VALDES, Vice Pres. 05-28-96
Signature of Registered Agent (signature required when registering) DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD DELETE
NAME NASCIMENTO, AFONSO
STREET ADDRESS 4020 EAST 8TH AVE.
CITY-ST-ZIP HIALEAH FL 33013

1.1 TITLE VP Change Addition
1.2 NAME JOSE LUIS VALDES
1.3 STREET ADDRESS 1078 W 79 STREET
1.4 CITY-ST-ZIP HIALEAH FLORIDA 33014

TITLE SD DELETE
NAME NASCIMENTO, LOIDNEI
STREET ADDRESS 4020 EAST 8TH AVE.
CITY-ST-ZIP HIALEAH FL 33013

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE Change Addition
4.2 NAME 300001854113
4.3 STREET ADDRESS 06/06/96 --01084 --038
4.4 CITY-ST-ZIP ***225.00

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE Change 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Afonso Nascimento* President 05-10-96 (305) 836-9050
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAY/MONTH/YEAR

CR2E034 (12/95)