

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

CORPORATION  
ANNUAL REPORT  
**1995**



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

**FILED**  
Aug 02 1996 8:00 am  
Secretary of State

**DOCUMENT # P93000008749 (2)**

1. Corporation Name  
**MIAMI AUTOLAND, INC.**

Principal Place of Business

**3620 N.W. 27TH AVE.  
MIAMI FL**

Mailing Address

**3620 N.W. 27TH AVE.  
MIAMI FL**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 <b>3700 NW 31 AVE</b>	26 <b>3700 NW 31 AVE</b>
22 State, Apt. #, etc.	27 State, Apt. #, etc.
23 <b>MIAMI</b>	28 <b>MIAMI</b>
24 <b>33142</b>	29 <b>33142</b>
25 <b>DADE</b>	30 <b>DADE</b>

3. Date Incorporated or Qualified <b>02/03/1993</b>	3a. Date of Last Report <b>06/17/1994</b>
4. FEI Number <b>65-0441483</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for filing this tax under S. 190.032 Florida Statutes. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**AGRACHOV, DIMITRY**  
**5614 S.W. 59TH AVE.**  
**COOPER CITY FL 33328**  
*1091 SW 156 Ave  
Pembroke Pines, Fla 33027*

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	

11. Pursuant to the provisions of Sections 607.012(2) and 607.15(3), 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 607.05(3), Florida Statutes.

SIGNATURE

Signature of Registered Agent (Print Name and Address) \_\_\_\_\_  
Signature of Agent (Print Name and Address) \_\_\_\_\_

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	<b>DP</b>	1. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>AGRACHOV, DIMITRY</b>	12. NAME	
STREET ADDRESS	<b>5614 S.W. 59TH AVE.</b>	13. STREET ADDRESS	<b>1091 SW 156 Ave</b>
CITY-ST-ZIP	<b>COOPER CITY FL 33328</b>	14. CITY-ST-ZIP	<b>Pembroke Pines, Fla 33027</b>
TITLE	<b>DV</b>	21. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>AGRACHOV, GREGORY</b>	22. NAME	
STREET ADDRESS	<b>5614 S.W. 59TH AVE.</b>	23. STREET ADDRESS	
CITY-ST-ZIP	<b>COOPER CITY FL 33328</b>	24. CITY-ST-ZIP	
TITLE		31. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32. NAME	
STREET ADDRESS		33. STREET ADDRESS	
CITY-ST-ZIP		34. CITY-ST-ZIP	
TITLE		41. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42. NAME	
STREET ADDRESS		43. STREET ADDRESS	
CITY-ST-ZIP		44. CITY-ST-ZIP	
TITLE		51. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52. NAME	<b>100001911421</b>
STREET ADDRESS		53. STREET ADDRESS	<b>-08/02/96--01031--029</b>
CITY-ST-ZIP		54. CITY-ST-ZIP	<b>***225.00</b>
TITLE		61. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62. NAME	
STREET ADDRESS		63. STREET ADDRESS	
CITY-ST-ZIP		64. 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 included 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, as applicable, on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*[Signature]*  
7/23/96