## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

**FILED** 

Apr 23 1997 8:00am

Secretary of State

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P93000041108 (0)

MERCEDE 1-95 SHOWROOM, CORP.

Principal Place of Business Mailing Address 4200 N.W. 16TH ST. 4200 N.W. 16TH ST. PENTHOUSE A PENTHOUSE A LAUDERHILL FL 33313-5835 LAUDERHILL FL 33317 3a. Date of Last Report 3. Date Incorporated or Qualified 06/03/1993 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0433359 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State Election Campaign Financing \$5.00 May Be Γ 23 28 Trust Fund Contribution Added to Fees Country Zip Country This corporation has liability for intangible tax under s. 199.032. 24 25 29 30 Florida Statutes Yes No 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name BRAUSER, STEVEN 4200 N.W. 16TH ST. Street Address (P.O. Box Number is Not Acceptable) 82 SUITE 300 83 LAUDERHILL FL 33313 City 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 Segreduce Typical or printed name of registrood agent and title if applicable (NOTE: Registered Agent signature required when reinstaling) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. 96/6) Change Addition DELFTE **PST** 1.1 TITLE TITLE BRAUSER, STEVEN NAME 1.2 NAME 4200 N.W. 16TH ST. 1.3 STREET ADDRESS STREET ADDRESS LAUDERHILL FL CITY-\$1-7P 1.4 CITY-ST-ZIP DELETE Change \_\_\_ Addition 21 TITLE TITLE 22 NAME NAME STREET ADDRESS 23 STREET ADDRESS CITY-ST-ZIP 2 4 City-St-ZiP DELETE Change Addition TITLE 3.1 TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADORESS CITY - ST - ZIP 3.4. CITY-ST-7IP Change DELETE Addition TITLE 4.5 TITLE 4. 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS CITY - ST-7IP 4.4 CITY-ST-ZIP DELETE Addition Channe TITLE 5.1 TITLE 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY - S1 - ZIP 5.4 CITY-ST-ZIP Change DELETE Addition 6.1 TITLE TITLE NAME 6.2 NAME **63 STREET ADDRESS** STREET ADDRESS 64 CITY-ST-ZIP CITY STATE

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

SIGNATURE:

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Dat