

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT CORPORATION ANNUAL REPORT 1996		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P93000054625 (7)

1. Corporation Name

AUTO FASHION U.S.A., INC.

Principal Place of Business

Mailing Address

8330 EPICENTER BOULEVARD
LAKELAND FL 33809
US

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LAKELAND FL 33809
US

3. Date Incorporated or Qualified

08/02/1993

3a. Date of Last Report

10/16/1995

4. FEI Number

59-3203346

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

2. Principal Place of Business

21 3954 Byron Drive

Suite, Apt. #, etc

22 City & State

23 W. Palm Bch, Florida

24 Zip

33404

Country

25 USA

2a. Mailing Address

26 3954 Byron Drive

Suite, Apt. #, etc

27 City & State

28 W. Palm Beach, Florida

29 Zip

33404

Country

30 USA

9. Name and Address of Current Registered Agent

RAGNARSSON, CLAES J
8733 SWEET BAY ROAD
LAKELAND FL 33809

10. Name and Address of New Registered Agent

81 Name Ragnarsson, Claes J

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

1025 Bayshore Drive (Apt # 203)

83 (Apt. # 203)

84 City Lake Park

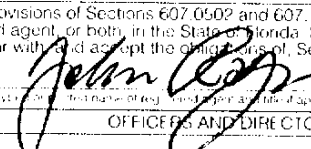
FL

85 Zip Code

33403

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: Registered Agent signature required when not a sign)

8/20/96

12. OFFICERS AND DIRECTORS

TITLE
NAME TD
STREET ADDRESS ARIDSSON, CARL H.
CITY-ST-ZIP OKTOBERVAGEN 2
LESSEBO SW

TITLE
NAME PD
STREET ADDRESS RAGNARSSON, CLAES J.
CITY-ST-ZIP 8751 VIKING LANE
LAKELAND FL

TITLE
NAME SD
STREET ADDRESS KRUSE, TROY
CITY-ST-ZIP 11911 MCINTOSH RD.
THONOTOSASSA FL 32592

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME PD
2.3 STREET ADDRESS Ragnarsson, Claes J.
2.4 CITY-ST-ZIP 1025 Bayshore Dr # 203
Lake Park, FL 33403

3.1 TITLE
3.2 NAME SD
3.3 STREET ADDRESS Kruse, Troy
3.4 CITY-ST-ZIP 1025 Bayshore Dr # 203
Lake Park, FL 33403

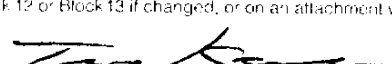
4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

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

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

SIGNATURE:


SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Troy Kruse S.D. 8/20/96 561-844-0058

100001940661

-09/06/96--01014--014

****375.00 ****375.00

CR2E034 (3/96)