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May 07 1997 8:00am
Secretary of State

PROFIT CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P94000039542 (3)

1. Corporation Name
AUTOMASTER AMERICAS, INC.



Principal Place of Business
927 FERN STREET SUITE 200
ALTAMONTE SPRINGS FL 32701
US

Mailing Address
927 FERN STREET SUITE 200
ALTAMONTE SPRINGS FL 32701-2701
US

3. Date Incorporated or Qualified: 05/20/1994
3a. Date of Last Report: 04/25/1996

2. Principal Place of Business

2a. Mailing Address

4. FEI Number: 59-3311405
Applied For: Not Applicable

21. State, Apt #, etc.

26. Suite, Apt #, etc.

5. Certificate of Status Desired: \$8.75 Additional Fee Required

22. City & State

27. City & State

6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees

23. Zip

25. Country

28. Zip

30. Country

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

EYAL, VICTOR
927 FERN STREET SUITE 200
ALTAMONTE SPRINGS FL 32701

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

Table with 12 columns: OFFICERS AND DIRECTORS. Includes fields for Title, Name, Street Address, City-St-Zip, and a DELETED checkbox.

Table with 13 columns: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. Includes fields for Title, Name, Street Address, City-St-Zip, and Change/Addition checkboxes.

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/97 407-831-1941
Date Daytime Phone #

CR2E034 (9/96)