

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P94000041641 (9)**

1. Corporation Name
EXCLUSIVE AUTO, INC.



Principal Place of Business: **669 NORTH WEST 26TH STREET MIAMI FL 33127**
Mailing Address: **669 NORTH WEST 26TH STREET MIAMI FL 33127**

3. Date Incorporated or Qualified 05/31/1994	3a. Date of Last Report 10/18/1995
4. FEI Number 65-0491801	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent

FALCON, JOSE
~~120 WEST 27TH STREET, #2~~
~~HALEAH FL 33010~~

10. Name and Address of New Registered Agent

81 Name **FALCON, JOSE**
82 Street Address (P.O. Box Number is Not Acceptable)
100 S.W. 124 Ave.
83
84 City **Miami**, FL 85 Zip Code **33184**

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 _____ (Name typed or printed name of registered agent, date, title)

(Name, Registered Agent signature, date, title)
_____ (Date)

12. OFFICERS AND DIRECTORS		DELETED
TITLE	DTS	<input type="checkbox"/>
NAME	FALCON, JOSE	
STREET ADDRESS	120 W. 27TH STREET #2	
CITY-ST-ZIP	HALEAH FL 33012	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
11 TITLE		<input checked="" type="checkbox"/>	<input type="checkbox"/>
12 NAME			
13 STREET ADDRESS	100 S.W. 124 Ave		
14 CITY-ST-ZIP	Miami, FL 33184		
21 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
22 NAME			
23 STREET ADDRESS			
24 CITY-ST-ZIP			
31 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
32 NAME			
33 STREET ADDRESS			
34 CITY-ST-ZIP			
41 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
42 NAME			
43 STREET ADDRESS			
44 CITY-ST-ZIP			
51 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
52 NAME			
53 STREET ADDRESS			
54 CITY-ST-ZIP			
61 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
62 NAME			
63 STREET ADDRESS			
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 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, on an attachment with an address.

SIGNATURE: _____

Date: **4-19-96** 305-634-6081
Dist. Pub. #

CR2E034 (12/95)