

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

**PROFIT CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

DOCUMENT # P94000044367 (8)

1. Corporation Name

LP MASTER AUTO SALES, INC.

95 JUL 24 AM 11:03

Principal Place of Business

1035 NW 36TH STREET
MIAMI FL 33127

Mailing Address

1035 NW 36TH STREET
MIAMI FL 33127

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

06/13/1994

3a. Date of Last Report

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

25

29

30

Country

4. FEI Number

65-0511168

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional
Fee Required**

6. Election Campaign Funds and
Trust Fund Contribution

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 100.032,
Florida Statutes

Yes

No

9. Name and Address of Current Registered Agent

**METVIER, LUCIEN
1659 NE 110TH TERRACE
MIAMI FL 33161**

10. Name and Address of New Registered Agent

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

[Signature] **METVIER - PD**

07-14-95

(Signature, Title or Printed Name of Registered Agent and Title & Address)

(NOTE: Registered Agent signature required after re-issuance)

DATE

12. OFFICERS AND DIRECTORS

TITLE

PD

NAME

METVIER, LUCIEN

STREET ADDRESS

1035 NW 36TH STREET

CITY - ST - ZIP

MIAMI FL 33127

TITLE

VD

NAME

METVIER, PENNY

STREET ADDRESS

1035 NW 36TH STREET

CITY - ST - ZIP

MIAMI FL 33127

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

13.

ADDITIONAL, CHANGED, NEW OFFICERS AND DIRECTORS

11 TITLE

Change

Addition

12 NAME

13 STREET ADDRESS

14 CITY - ST - ZIP

21 TITLE

Change

Addition

22 NAME

23 STREET ADDRESS

24 CITY - ST - ZIP

31 TITLE

Change

Addition

32 NAME

33 STREET ADDRESS

34 CITY - ST - ZIP

41 TITLE

Change

Addition

42 NAME

43 STREET ADDRESS

44 CITY - ST - ZIP

51 TITLE

Change

Addition

52 NAME

53 STREET ADDRESS

54 CITY - ST - ZIP

61 TITLE

Change

Addition

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 110.07(3)(b), 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] **METVIER - PD**

07-14-95 ⁶³⁴⁻ 3295

(Signature, Title or Printed Name of Signing Officer or Director)

DATE

(System Print)