

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

CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED  
AND  
FILED

95 MAY -1 AM 11:40

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

000001525280  
-06/28/95--01023--005  
\*\*\*\*200.00 \*\*\*\*200.00

DO NOT WRITE IN THIS SPACE.

DOCUMENT # P94000052322 (2)

1. Corporation Name

GERMAIN AUTO SALES & REPAIRS, INC.

Principal Place of Business

1200 W SUNRISE BLVD  
FT LAUDERDALE FL 33311

Mailing Address

1200 W SUNRISE BLVD  
FT LAUDERDALE FL 33311

3. Date Incorporated or Qualified  
07/14/1994

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

Applied For

65-0569884

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. 109.032,  
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BRUTUS, PHILLIP J  
1200 W SUNRISE BLVD  
FT LAUDERDALE FL 33311

81. Name

Germain, Shylov Figaro

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

1200 West Sunrise Blvd

83. City

Fort Lauderdale

FL

85. Zip Code

33311

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]*

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                 |                         |
|-----------------|-------------------------|
| TITLE           | DP                      |
| NAME            | GERMAIN, FRITZNER       |
| STREET ADDRESS  | 1200 W SUNRISE BLVD     |
| CITY - ST - ZIP | FT LAUDERDALE FL 33311  |
| TITLE           | DVS                     |
| NAME            | GERMAIN, YOLANDE F      |
| STREET ADDRESS  | 1200 W SUNRISE BLVD     |
| CITY - ST - ZIP | FT LAUDERDALE FL 33311  |
| TITLE           | DT                      |
| NAME            | GERMAIN, SHYLOVE F      |
| STREET ADDRESS  | 1200 W SUNRISE BLVD     |
| CITY - ST - ZIP | FT LAUDERDALE FL 33311  |
| TITLE           | German, Shylov Figaro   |
| NAME            | P.O. Box 9142           |
| STREET ADDRESS  | Coral Springs Fl. 33075 |
| CITY - ST - ZIP |                         |
| TITLE           | German, Shylov Figaro   |
| NAME            | 11626 NW 26 St          |
| STREET ADDRESS  | Coral Springs Fl 33065  |
| CITY - ST - ZIP |                         |
| TITLE           |                         |
| NAME            |                         |
| STREET ADDRESS  |                         |
| CITY - ST - ZIP |                         |

|                     |                           |                                                                              |
|---------------------|---------------------------|------------------------------------------------------------------------------|
| 1.1 TITLE           | Brutus, Phillip J         | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME            | 1200 West Sunrise Blvd    |                                                                              |
| 1.3 STREET ADDRESS  | Fort Lauderdale Fl. 33311 |                                                                              |
| 1.4 CITY - ST - ZIP |                           |                                                                              |
| 2.1 TITLE           |                           | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 2.2 NAME            |                           |                                                                              |
| 2.3 STREET ADDRESS  |                           |                                                                              |
| 2.4 CITY - ST - ZIP |                           |                                                                              |
| 3.1 TITLE           |                           | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 3.2 NAME            |                           |                                                                              |
| 3.3 STREET ADDRESS  |                           |                                                                              |
| 3.4 CITY - ST - ZIP |                           |                                                                              |
| 4.1 TITLE           |                           | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 4.2 NAME            |                           |                                                                              |
| 4.3 STREET ADDRESS  |                           |                                                                              |
| 4.4 CITY - ST - ZIP |                           |                                                                              |
| 5.1 TITLE           |                           | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 5.2 NAME            |                           |                                                                              |
| 5.3 STREET ADDRESS  |                           |                                                                              |
| 5.4 CITY - ST - ZIP |                           |                                                                              |
| 6.1 TITLE           |                           | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 6.2 NAME            |                           |                                                                              |
| 6.3 STREET ADDRESS  |                           |                                                                              |
| 6.4 CITY - ST - ZIP |                           |                                                                              |

REMITTED BY MAY 1

SIGNATURE:

*[Signature]*

(PRINT NAME OF SIGNING OFFICER OR DIRECTOR)

4/21/95 761-8719