

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 # P94000077070

1. Corporation Name

WATERFALL AUTO EXPORT, INC.

300001829793
-05/20/96--01056--007
***200.00

Principal Place of Business: **Steven H. Hagen, Esq.**
701 Brickell Ave., #3000
Miami, FL 33131

Mailing Address: **Steven H. Hagen, Esq.**
701 Brickell Ave., #3000
Miami, FL 33131

3. Date Incorporated or Qualified: **10/20/1994**
3a. Date of Last Report: **6/12/1995**
4. FEI Number: **65-0528546**
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: **16320 N.W. 48th Avenue**
2a. Mailing Address: **16320 N.W. 48th Avenue**
21. Suite, Apt. #, etc.: **MIAMI, Florida**
22. City & State: **MIAMI, Florida**
23. Zip: **33014** County: **U.S.**
24. Zip: **33014** Country: **U.S.**

9. Name and Address of Current Registered Agent
INTRASTATE REGISTERED AGENT CORPORATION
701 BRICKELL AVE.
SUITE 3000
MIAMI, FL 33131-3209 US

10. Name and Address of New Registered Agent
81 Name: **ROLAND FEIERTAG JUNIOR**
82 Street Address (P.O. Box Number is Not Acceptable): **16320 N.W. 48th AVE**
83
84 City: **MIAMI** FL 85 Zip Code: **33014**

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: **5-2-96**
Signature typed or printed (name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PTS	<input type="checkbox"/> DELETE
NAME	FEIERTAG, ROLAND	
STREET ADDRESS	16320 NW 48TH AVE.	
CITY - ST - ZIP	MIAMI, FL 33014	
TITLE	DV	<input checked="" type="checkbox"/> DELETE
NAME	MIGUEZ, MARIO JR.	
STREET ADDRESS	16320 NW 48TH AVE.	
CITY - ST - ZIP	MIAMI, FL 33014	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	PTSD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME		
13 STREET ADDRESS		
14 CITY - ST - ZIP		
21 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME		
23 STREET ADDRESS		
24 CITY - ST - ZIP		
31 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
32 NAME	FEIERTAG, ROLAND, JR.	
33 STREET ADDRESS	16320 NW 48TH AVE.	
34 CITY - ST - ZIP	MIAMI, FL 33014	
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY - ST - ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY - ST - ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 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, or on an attachment with an address.

SIGNATURE: _____ DATE: **4-18-96** DAYTIME PHONE #: **305-623 8505**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CORPORA 1/2/95