

**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 # **P94000081915 (8)**

1. Corporation Name

**AMERICAN CAR IMP & EXP CORP.**



Principal Place of Business

**141 NE 3RD AVE #208  
MIAMI FL 33132**

Mailing Address

**141 NE 3RD AVE #208  
MIAMI FL 33132**

3. Date Incorporated or Qualified  
**11/08/1994**

3a. Date of Last Report  
**06/16/1995**

2. Principal Place of Business

2a. Mailing Address

4. FEI Number  
**65-0532382**

Applied For  
Not Applicable

21 State, Apt. #, etc

26 State, Apt. #, etc

5. Certificate of Status Desired

**\$8.75 Additional Fee Required**

22 City & State

27 City & State

6. Election Campaign Financing True: Fund Contribution

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

23 Zip

Country

28 Zip

Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MENEZES, GILBERTO  
141 NE 3RD AVE #208  
MIAMI FL 33132**

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 607.0132 and 607.1504, 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 607.0506, Florida Statutes.

SIGNATURE

*[Signature]*

**MENEZES, GILBERTO**

**3/1/96**

12. OFFICERS AND DIRECTORS

1. TITLE: **DPT**  DELETE  
NAME: **MENEZES, GILBERTO**  
STREET ADDRESS: **% 141 NE 3RD AVE #208**  
CITY, ST, ZIP: **MIAMI FL 33132**

2. TITLE: **DS**  DELETE  
NAME: **MENEZES, SOLANGE**  
STREET ADDRESS: **% 141 NE 3RD AVE #208**  
CITY, ST, ZIP: **MIAMI FL 33132**

3. TITLE:  DELETE  
NAME:  
STREET ADDRESS:  
CITY, ST, ZIP:

4. TITLE:  DELETE  
NAME:  
STREET ADDRESS:  
CITY, ST, ZIP:

5. TITLE:  DELETE  
NAME:  
STREET ADDRESS:  
CITY, ST, ZIP:

6. TITLE:  DELETE  
NAME:  
STREET ADDRESS:  
CITY, ST, ZIP:

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE:  Change  Addition  
12 NAME:  
13 STREET ADDRESS:  
14 CITY, ST, ZIP:

2. TITLE:  Change  Addition  
22 NAME:  
23 STREET ADDRESS:  
24 CITY, ST, ZIP:

3. TITLE:  Change  Addition  
32 NAME:  
33 STREET ADDRESS:  
34 CITY, ST, ZIP:

4. TITLE:  Change  Addition  
42 NAME:  
43 STREET ADDRESS:  
44 CITY, ST, ZIP:

5. TITLE:  Change  Addition  
52 NAME:  
53 STREET ADDRESS:  
54 CITY, ST, ZIP:

6. 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 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 or person 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]*

**MENEZES, Gilberto**

**3/1/96**

**305/225-1192**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Day or Phone #

CR2E034 (12/95)