

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

**APPROVED  
AND  
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95 MAY -1 AM 7:47

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION**  
ANNUAL REPORT  
**1995**



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

**DOCUMENT # P94000082174 (1)**  
1. Corporation Name  
**AMERICAN SEAT COVERS CORP.**

Principal Place of Business      Mailing Address  
**1935 N.W. 22ND STREET  
MIAMI FL 33142**      **1935 N.W. 22ND STREET  
MIAMI FL 33142**

2. Precise Federal Business      2a. Mailing Address  
**21**      **26**  
Suite Apt # etc      Suite Apt # etc  
**22**      **27**  
City & State      City & State  
**23**      **28**  
Zip      Country      Zip      Country  
**24**      **25**      **29**      **30**

3. Date Incorporated or Qualified      3a. Date of Last Report  
**11/09/1994**

4. FEI Number      Applied For  
**65-0543631**      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

9. Name and Address of Current Registered Agent  
**MACIAS, BENJAMIN L  
1935 N.W. 22ND STREET  
MIAMI FL 33142**

10. Name and Address of New Registered Agent  
**B1** Name  
**B2** Street Address (P.O. Box Number is Not Acceptable)  
**B3**  
**B4** City      **B5** Zip Code  
**FL**

11. Pursuant to the provisions of Sections 607.0500 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 of Registered Agent (Registered agent must be applicable)      Signature of Registered Agent (Registered agent must be applicable)

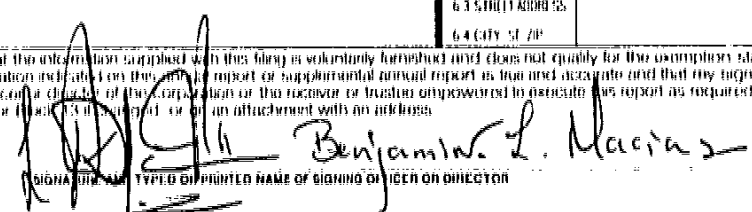
12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>
NAME	<b>MACIAS, BENJAMIN L</b>
STREET ADDRESS	<b>1935 N.W. 22ND STREET</b>
CITY, ST, ZIP	<b>MIAMI FL 33142</b>
TITLE	<b>D</b>
NAME	<b>MACIAS, JENIFFER E</b>
STREET ADDRESS	<b>1935 N.W. 22ND STREET</b>
CITY, ST, ZIP	<b>MIAMI FL 33142</b>
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
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	

14. I, the undersigned, 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 included in this 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 by statute to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report or as an attachment with an address.

SIGNATURE:  **Benjamin L. Macias**      4/27/95      (305) 324 8889  
Signature of Officer or Director      TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR