

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 MAY 22 PM 1:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000086322

1. Corporation Name

U S A AUTO SALES, INC.

Principal Place of Business	Mailing Address
2751 NW 84th ST. MIAMI FL 33147	2751 NW 84th ST. MIAMI FL 33147

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified 11/29/1994	3a. Date of Last Report ---
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2. Principal Place of Business	2a. Mailing Address	4. FEI Number 65-0537953	Applied For Not Applicable
21	26		
Suite, Apt #, etc	Suite, Apt #, etc	5. Certificate of Status Desired	\$8.75 Additional Fee Required
22	27	<input type="checkbox"/>	
City & State	City & State	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
23	28	<input type="checkbox"/>	
Zip	Country	7. This corporation has liability for intangible tax under S 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No
24	25	29	30

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
FRANCISCO C. DE LA OLIVA 9403 FOUNTAINBLEAU BLVD. APT. 2091 MIAMI FL 33172	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: _____ DATE: _____
Signature typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when re-registering.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1. TITLE	P/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		12. NAME	FRANCISCO C. DE LA OLIVA
CITY ST ZIP		13. STREET ADDRESS	9403 FOUNTAINBLEAU BLVD. APT. 2091
		14. CITY ST ZIP	MIAMI FL 33172
TITLE	NAME	2. TITLE	S/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS		22. NAME	JUAN OLIVERA
CITY ST ZIP		23. STREET ADDRESS	6435 W 4th AVENUE
		24. CITY ST ZIP	HIALEAH FL 33012
TITLE	NAME	3. TITLE	T/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS		32. NAME	OBED LIMONTE
CITY ST ZIP		33. STREET ADDRESS	1291 NW 22nd AVENUE
		34. CITY ST ZIP	MIAMI FL 33125
TITLE	NAME	4. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		42. NAME	
CITY ST ZIP		43. STREET ADDRESS	
		44. CITY ST ZIP	
TITLE	NAME	5. TITLE	300001498203
STREET ADDRESS		52. NAME	-05/24/95--010820e--011 Addition
CITY ST ZIP		53. STREET ADDRESS	***225.00 ***225.00
		54. CITY ST ZIP	
TITLE	NAME	6. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		62. NAME	
CITY ST ZIP		63. STREET ADDRESS	
		64. CITY ST ZIP	

T.S. 5/22/95

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: Francisco C. De La Oliva FRANCISCO C. DE LA OLIVA 05/08/95 (305) 696-6040
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date