

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

May 14 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P95000001466**
1. Corporation Name
MR C AUTO BROKER EXPORT wholesale Corp

Principal Place of Business 12705 SW 112 TER MIAMI FL 33186	Mailing Address 12705 SW 112 TER MIAMI FL 33186
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3. Date Incorporated or Qualified 01-06-1995	3a. Date of Last Report 04/1996
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2. Principal Place of Business 21 12705 SW 112 TER MIAMI FL 33186 Suite, Apt. #, etc. 22 City & State 23 MIAMI FL Zip Country 24 33186 D	2a. Mailing Address 25 12705 SW 112 TER MIAMI FL 33186 Suite, Apt. #, etc. 26 City & State 27 MIAMI FL Zip Country 28 33186 D	4. FEI Number 65-0566475 <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Cesar A. Salamanca
12705 SW 112 TER
MIAMI FL 33186

81 Name ---	82 Street Address (P.O. Box Number is Not Acceptable) ---	83 ---	84 City ---	85 Zip Code FL ---
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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] **President Cesar A. Salamanca** **04-27-97**

Signature of person in name of registered agent, and the if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PRESIDENT	<input type="checkbox"/> DELETE	1.1 TITLE ---	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME Cesar A. Salamanca		1.2 NAME ---	
STREET ADDRESS 12705 SW 112 TER		1.3 STREET ADDRESS ---	
CITY-ST-ZIP MIAMI FL 33186		1.4 CITY-ST-ZIP ---	
TITLE ---	<input type="checkbox"/> DELETE	2.1 TITLE ---	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME ---		2.2 NAME ---	
STREET ADDRESS ---		2.3 STREET ADDRESS ---	
CITY-ST-ZIP ---		2.4 CITY-ST-ZIP ---	
TITLE ---	<input type="checkbox"/> DELETE	3.1 TITLE ---	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME ---		3.2 NAME ---	
STREET ADDRESS ---		3.3 STREET ADDRESS ---	
CITY-ST-ZIP ---		3.4 CITY-ST-ZIP ---	
TITLE ---	<input type="checkbox"/> DELETE	4.1 TITLE ---	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME ---		4.2 NAME ---	
STREET ADDRESS ---		4.3 STREET ADDRESS ---	
CITY-ST-ZIP ---		4.4 CITY-ST-ZIP ---	
TITLE ---	<input type="checkbox"/> DELETE	5.1 TITLE ---	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME ---		5.2 NAME ---	
STREET ADDRESS ---		5.3 STREET ADDRESS ---	
CITY-ST-ZIP ---		5.4 CITY-ST-ZIP ---	
TITLE ---	<input type="checkbox"/> DELETE	6.1 TITLE ---	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME ---		6.2 NAME ---	
STREET ADDRESS ---		6.3 STREET ADDRESS ---	
CITY-ST-ZIP ---		6.4 CITY-ST-ZIP ---	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

[Signature] **Cesar A. Salamanca**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-27-97

Date

(305) 382-4403

Daytime Phone #

CR2E034 (9/96)