

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION ANNUAL REPORT 1996



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

FILED
Aug 05 1996 8:00 am
Secretary of State

DOCUMENT # **X 9500009150**
1. Corporation Name
EBEN ETZER AUTO SALES INC

Principal Place of Business Mailing Address
**7100 NE 2nd Ave
MIAMI, FL 33137**

3. Date Incorporated or Qualified **2-3-95** 3a. Date of Last Report
4. FEI Number 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 2a. Mailing Address
21 **SAME** 26 **SAME**
Suite, Apt. #, etc Suite, Apt. #, etc
22 27
City & State City & State
23 28
Zip Country Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent
**GINETTE SYLVAIN ALZENORD
1101 NE 80 ST apt 108
MIAMI, FL 33138**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83 **500001912815**
84 **08/05/96-01043-014** Zip Code
*****225.00 FL 85**

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 **X Ginette S. Alzenord** (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS
TITLE DELETE
NAME **GINETTE S. ALZENORD**
STREET ADDRESS **1101 NE 80 ST apt 108**
CITY-ST-ZIP **MIAMI, FL 33138** *Resident/Director*
TITLE DELETE
NAME **DIEUVER ALZENORD**
STREET ADDRESS **1101 NE 80 ST apt 108**
CITY-ST-ZIP **MIAMI, FL 33138** *V.P./Director*
TITLE DELETE
NAME **JULSON SYLVAIN**
STREET ADDRESS **1101 NE 80 ST apt 108**
CITY-ST-ZIP **MIAMI, FL 33138** *Secretary*

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
11 TITLE Change Addition
12 NAME
13 STREET ADDRESS
21 TITLE Change Addition
22 NAME
23 STREET ADDRESS
31 TITLE Change Addition
32 NAME
33 STREET ADDRESS
41 TITLE Change Addition
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP
51 TITLE Change Addition
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP
61 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 empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **X Ginette S. Alzenord** 7/31/96 (305) 7582388
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date

CR2E034 (3/96)