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

PROFIT , CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

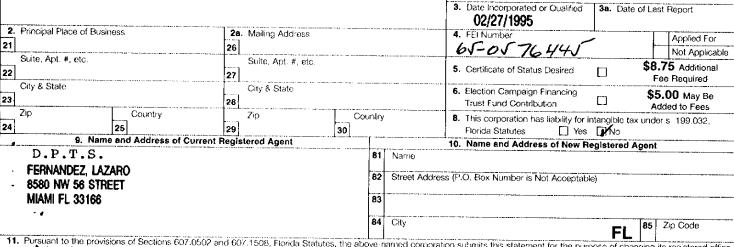
P95000016565 (0) DOCUMENT # Corporation Name

	M E P MOTORS, INC.	
Principal Place of Business Mailing Address	Principal Diago of Rusings	

8580 NW 56 STREET MIAMI FL 33166

Mailing Address

8580 NW 56 STREET MIAMI FL 33166



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 ligistered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby account the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation's hours of the purpose of changing its registered office.

familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.						
SIGNATURE Signature, Special or printed name of registered agent and after the printed by the figure able (NOTE Registered Agent signature regulated when renstating)						
12.	OFFICERS AND DIRECTOR:		Registered Agent signature	regulated which remislating: DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D.P.T.S.	DELETE	1. 1 THE			
NAME	FERNANDEZ, LAZARO		1.2 NAME	Change Addition		
STREET ADDRESS	8580 NW 56 ST		: 1.3 STREET ADDRESS			
CITY-S1-ZIP	MIAMI FL 33166		1.3 STREET ADDRESS			
TITLE		[7] DELETE	2 1 Title			
NAME		Писсе		Change Addition		
STREET ADDRESS			2 2 NAME			
CITY-ST-ZIP			2.3 STREET ADDRESS			
JITLE		[] DELETE	2 4 CITY - S1 - ZIP			
NAME		C) perese	3. 1 TITLE	Change Change Addition		
i			3.2 NAME			
STREET ADDRESS			3/3. STREET ADDRESS			
CHTY-ST-ZIP		P	3.4 Cl*Y - S1 - ZIP			
THLE		DELFTE	4 1 TITLE	☐ Change ☐ Addition		
NAME			4.2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP			4.4 CITY - ST - ZIP"	900001839189 -05/24/9601097@9ange Addition		
TITLE		DELETE	5. 1 TITLE	-U5/24/9601097020 Addition		
NAME			5.2 NAME	***200.00		
STREET ADDRESS			5.3 STREET ADDRESS	.)		
CITY-ST-ZIP			5.4 CITY-S!-7IP			
TITLE		DELETE	6 1 TITLE	Change III At dillion		
NAME			6.2 NAME	The transfer of the state of		
STREET ADDRESS			6.3 STREET ADDRESS	\(\int_i\)		
CHY-ST-ZIP			6.4 C(TY - S1 - Z(P	212		

I do hereby certify that the information supplied with this fighty 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 supplementation on the control of th certify that the information indicated on this annu-oath, that I am an officer or director of the constraint appears in Block 12 or Block 13 if changes, or one

SIGNATURE:

TED NAME OF SIGNING OFFICER OR DIRECTOR HON URE AND TYPED OF PRU

4-25-96

Daytime Phone #

CR2E034 (12/95)