

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

FILED

**May 04 1998 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000018210 (1)
1. Corporation Name
WESTLAND AUTO CENTER INC.



Principal Place of Business P.O. BOX 126067 HALEAH FL 33012 US	Mailing Address P.O. BOX 126067 HALEAH FL 33012 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 18084 SW 33 CT Suite, Apt. #, etc.	2a. Mailing Address 26 18084 SW 33 CT Suite, Apt. #, etc.
22 City & State 23 MIRAMAR, FL	27 City & State 28 MIRAMAR, FL
24 Zip 33029 25 Country U.S.	29 Zip 33029 30 Country U.S.

3. Date Incorporated or Qualified 03/03/1995	
4. FEI Number 65-0573981	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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent CAMPOS, XIOMARA 5860 NW 199TH STREET MIAMI FL 33015	
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10. Name and Address of New Registered Agent	
81 Name Xiomara Campos	
82 Street Address (P.O. Box Number is Not Acceptable)	
83 18084 SW 33 CT	
84 City MIRAMAR 85 Zip Code FL 33029	

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 Xiomara Campos, Xiomara Campos DATE 4-15-98

12. OFFICERS AND DIRECTORS		DELETE
TITLE	D	<input type="checkbox"/>
NAME	CAMPOS, DANIEL	
STREET ADDRESS	5860 NW 199TH STREET	
CITY-ST-ZIP	MIAMI FL 33015	
TITLE	D	<input type="checkbox"/>
NAME	CAMPOS, XIOMARA	
STREET ADDRESS	5860 NW 199TH STREET	
CITY-ST-ZIP	MIAMI FL 33015	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE	D	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1.2 NAME	DANIEL CAMPOS		
1.3 STREET ADDRESS	18084 SW 33 CT		
1.4 CITY-ST-ZIP	MIRAMAR, FL 33029		
2.1 TITLE	D	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.2 NAME	XIOMARA CAMPOS		
2.3 STREET ADDRESS	18084 SW 33 CT		
2.4 CITY-ST-ZIP	MIRAMAR, FL 33029		
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 Daniel A Campos DATE 4-15-98 305-557-8888

CR2E034 (10/97)