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Mailing Address

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

FILED

Apr 14 1997 8:00am

Secretary of State

800002144328*** -04/16/97--01002--036

***165.00

Addition

Sandra B. Morthara

Secretary of State

1997

DOCUMENT # P95000022527 (2)

TIP-TOP AUTO SALES, INC.

Principal Place of Business

CITY-\$1-72

STREET AUDRESS

SIGNATURE

appears in Block 12 or Block 1

OTY: \$1 - Z-P

1:61

NAME

6861 SW 127 PATH 4497 SW 74 AVE. MIAMI FL 33155 MIAMI FL 33183-1378 3. Date Incorporated or Qualified 3a. Date of Last Report 05/30/1996 03/21/1995 2a. Mailing Address 4. FEI Number Applied For 2. Principal Place of Business APPLIED FOR 65 Not Applicable 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing Added to Fees Trust Fund Contribution 23 28 Country Ζip Country Z₁D This corporation has liability for intangible tax under s. 199.032, Yes No Florida Statutes 24 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent RODRIGUEZ, LOURDES 81 Name 6861 S.W. 127TH PATH Street Address (P.O. Box Number is Not Acceptable) 82 **MIAMI FL 33163** 63 84 City 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 term family layout, and accept the obligations of, Section 607.0505, Florida Statutes. when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/6)12. OFFICERS AND DIRECTORS 13. PSD Change Addition DELETE Till d 1.1 TITLE RODRIGUEZ, LOURDES 1.2 NAME MAM: 6661 S.W. 127TH PATH 1.3 STREET ADDRESS STREET ADDRESS MIAMI FL 33183 CITY-ST-ZIP 1.4 CITY - \$1 - ZIP Change Addition DELETE 2.1 TITLE TITLE RODRIGUEZ, RAMON A. 2.2 NAME NAME 6661 SW 127 PATH 2.3 STREET ADDRESS STREET ADDRESS MIAM) FL 33183 CHY-SI-ZiP 2.4 CITY-ST-ZIP DELETE 3.1 TITLE TOLE NAVE 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4 CITY-ST-ZIP CITY - ST - ZIP DELETE Change Addition 4.1 TITLE TIT. F 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CI*V - \$1 - 2P Change DELETE Addition 1011 51 TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS

54 CITY-ST-ZIP

6.3 STREET ADDRESS

64 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)(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 this corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

6.1 TITLE , 6.2 NAME

DELETE

on an attachment with an address.