

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

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Mar 06 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P95000053228 (9)

1. Corporation Name:
RAMMARS AUTOMOTIVE, INC.



Principal Place of Business
4771 N.W. 72ND AVE.
MIAMI FL 33166

Mailing Address
4771 N.W. 72ND AVE.
MIAMI FL 33166-5616

3. Date Incorporated or Qualified 07/11/1995	3a. Date of Last Report 03/15/1996
4. FEI Number 65-0601277	Applied For <input type="checkbox"/> Yes <input type="checkbox"/> No
5. Certificate of Status Desired <input type="checkbox"/> Yes <input type="checkbox"/> No	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> Yes <input type="checkbox"/> No	\$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 type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent LOGAN, RALSTON 4771 N.W. 72ND AVE. MIAMI FL 33166	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOGAN, RALSTON	12 NAME	
STREET ADDRESS	4771 N.W. 72ND AVE.	13 STREET ADDRESS	
CITY- ST- ZIP	MIAMI FL 33166	14 CITY- ST- ZIP	
TITLE	D <input type="checkbox"/> DELETE	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOGAN, ALESA	22 NAME	
STREET ADDRESS	4771 N.W. 72ND AVE.	23 STREET ADDRESS	
CITY- ST- ZIP	MIAMI FL 33166	24 CITY- ST- ZIP	
TITLE	D <input type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOGAN, IRIS	32 NAME	
STREET ADDRESS	4771 N.W. 72ND AVE.	33 STREET ADDRESS	
CITY- ST- ZIP	MIAMI FL 33166	34 CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY- ST- ZIP		44 CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY- ST- ZIP		54 CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY- ST- ZIP		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 reports 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: *Ralston Logan* 2/26/97 (305) 477-7040
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)