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

Mailing Address

8007 N.W. 29TH ST.

MIAMI FL 33122-1058

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business

8007 N.W. 29TH ST. MIAMI FL 33122



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000058578 (2)

ESPECIAL MOTORS LTD., INC.

appears in Block 12 or Block 13 if

SIGNATURE:

07/28/1995 05/01/1996 4, FEI Number 2. Principal Prace of Business 2a. Mailing Address Applied For 65-0599791 26 Not Applicable 21 Suite, Apt. #, etc. \$8.75 Additional Suite, Apl. #, etc. 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 8. This corporation has liability for intangible tax under s. 199.032, Zip 2mCountry Yes No Florida Statutes 30 24 25 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name FILINGS, INC. 3732 N.W. 16TH STREET Street Address (P.O. Box Number is Not Acceptable) FT. LAUDERDALE FL 33311-4132 83 Zip Code 84 City 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 Signatine, typed or per too mane of migostered agent and title Tapplicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/6) OFFICERS AND DIRECTORS 13. 12. Change Addition DELETE 11 TITLE THEF **GUTIERREZ. ANDRES** 1.2 NAME NAME 8007 N.W. 29TH ST. 1.3 STREET ADDRESS STREET ACIDRESS MIAM! FL 33122 1.4 CITY+ST-ZIP CITY - ST - ZiP Change Addition DELETE TiT E 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS STREET ADDRESS 2. 4 CITY-ST-ZIP CITY - \$1 - 7IP DELETE Change Addition 3.1 TITLE TITLE NAM: 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP City - \$1 - ZIP DELETE Change Addition 41 TITLE TULE NAME 4. 2 NAME 4.3 STREET ADDRESS STPEET ADDRESS 4.4 CITY - ST - ZIP CITY - ST- ZIP Addition DELETE 51 TITLE THILE 5.2 NAME NAMÉ 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY: \$1-2H Addition DELETE HILE 6.1 TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY - ST - ZIP CITY-ST-ZIE applied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the order of the supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that top or the feetiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name 14. I do hereby certify that the information information indicated on this annual via I am an officer or director of the co

chment with an addre

FILED Feb 10 1997 8:00am Secretary of State

3a. Date of Last Report



3. Date Incorporated or Qualified