SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT
1996

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

FILED
96 SEP -6 PM 3:57
SECRETARY OF STATE

DOCUMENT # P95000093452 (7)

1. Corporation Name

J. P. MOTORS, INC.

Principal Place of Business	Mailing Address
9561 SW 35 STREET MIAMI FL 33165	9561 SW 35 STREET MIAMI FL 33165

3. Date Incorporated or Qualified: 12/08/1995
3a. Date of Last Report:

	2. Principal Place of Business		2a. Mailing Address
21	7579 NW 50TH ST.	26	7579 NW 50TH ST.
22	Suite, Apt #, etc.	27	Suite, Apt #, etc.
23	City & State: MIAMI FL	28	City & State: MIAMI FL
24	Zip: 33166 — 25 Country: USA	29	Zip: 33166 — 30 Country: USA

4. FEI Number: 65-0626496 — Applied For / Not Applicable
5. Certificate of Status Desired [X] — **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution [ ] — **$5.00** May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes [ ] Yes [X] No

9. Name and Address of Current Registered Agent

PALMA, JAIME F
9561 SW 35 STREET
MIAMI FL 33165

10. Name and Address of New Registered Agent

81 Name: PALMA JAIME F
82 Street Address (P.O. Box Number is Not Acceptable): 3180 SW 129 Ave.
83
84 City: MIAMI FL 85 Zip Code: 33175

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 ______ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	D	[ ] DELETE
NAME	PALMA, JAIME F	
STREET ADDRESS	9561 SW 35 STREET	
CITY-ST-ZIP	MIAMI FL 33165	
TITLE	D	[ ] DELETE
NAME	SOSA, DAVID N	
STREET ADDRESS	9561 SW 35 STREET	
CITY-ST-ZIP	MIAMI FL 33165	
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	[ ] Change [ ] Addition
1.2 NAME	PALMA JAIME F	
1.3 STREET ADDRESS	3180 SW 129 Ave.	
1.4 CITY-ST-ZIP	MIAMI FL 33175	
2.1 TITLE	D	[ ] Change [ ] Addition
2.2 NAME	SOSA, DAVID N	
2.3 STREET ADDRESS	3180 SW 129 Ave.	
2.4 CITY-ST-ZIP	MIAMI FL 33175	
3.1 TITLE		[ ] Change [ ] Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		[ ] Change [ ] Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		[ ] Change [ ] Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		[ ] Change [ ] Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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9/17/96

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(x), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: David Nilton Sosa — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — 8/5/96 Date — (305) 229-0435 Daytime Phone #