## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P96000015516 (3)

## FILED Aug 21 1997 8:00am Secretary of State

AUTOFORMS, INC. Principal Place of Business Mailing Address 2780 DOUGLAS RD 2760 DOUGLAS RD MIAMI FL 33133 MIAMI FL 33133 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 3a. Date of Last Report 02/16/1996 2. Principal Place of Business 2a. Mailing Address Applied For 12550 BISCATNU BLUD BISCAYNE BLUD Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required SUITE City & State City & State Election Campaign Financing \$5.00 May Be N. MIAL 28 Trust Fund Contribution Added to Fees Zip This corporation owes or has paid the current year Intangible 33181 Yes 25 29 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name HECKERLING, DALE A 9100 \$ DADELAND BLVD SUITE 1707 82 Street Address (P.O. Box Number is Not Acceptable) MIAMI FL 33156 83 84 City 85 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. 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) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. <u>4</u>9 DELETE 1.1 TITLE Change Addition TITLE HECKERLING, DALE NAME 1.2 NAME 9100 S DADELAND BLVD SUITE 1707 STREET ADDRESS 1.3 STREET ADDRESS MIAMI FL 33156 CITY-ST-ZIP 1.4 CITY-ST-ZIP RUSIDUNT DELETE Change Addition TITLE 2.1 TITLE RUBIN ALAN NAME 2.2 NAME BISCAYNE BLID 12550 STREET ADDRESS 2.3 STREET ADDRESS 33181 CITY-ST-ZIP 2.4 CITY-ST-ZIP - PRESIDEN DELETE Change Addition TITLE 3.1 TITLE MARIA RUBIN NAME 3.2 NAME BLUD 12550 BISCATNE STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 34. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 44 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CHY-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 eath; 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.

.....

2/25

Vicolian

8/11/07

24 2991511