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Secretary of State

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| PROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
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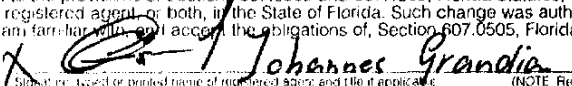
DOCUMENT # P96000016624 (4)

1. Corporation Name
STAR INTERNATIONAL AUTO SALES, INC.



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| Principal Place of Business 307 EAST MARION AVENUE PUNTA GORDA FL 33950 | Mailing Address 307 EAST MARION AVENUE PUNTA GORDA FL 33950-3704 |
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|---|--|--|--|--|-----------------------------------|
| 2. Principal Place of Business 21 6851 Cypress Grove Cir. Suite, Apt. #, etc. 22 City & State Punta Gorda FL Zip 33982 Country U.S.A. | | 2a. Mailing Address 26 6851 Cypress Grove Cir. Suite, Apt. #, etc. 27 City & State Punta Gorda FL Zip 33982 Country U.S.A. | | 3. Date Incorporated or Qualified 02/22/1996 | 3a. Date of Last Report |
| | | | | 4. FEI Number 05-0645716 | Applied For Not Applicable |
| | | | | 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| | | | | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| | | | | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| 9. Name and Address of Current Registered Agent GEERTS, JOSE P 307 EAST MARION AVENUE PUNTA GORDA FL 33950 | | | | 10. Name and Address of New Registered Agent | |

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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 will accept the obligations of, Section 607.0505, Florida Statutes. | |
| SIGNATURE  | DATE 3-12-'97 |

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| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
| 1.1 TITLE NAME STREET ADDRESS CITY - ST - ZIP 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP | | 1.1 TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
| 2.1 TITLE NAME STREET ADDRESS CITY - ST - ZIP | | 2.1 TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
| 3.1 TITLE NAME STREET ADDRESS CITY - ST - ZIP | | 3.1 TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
| 4.1 TITLE NAME STREET ADDRESS CITY - ST - ZIP | | 4.1 TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
| 5.1 TITLE NAME STREET ADDRESS CITY - ST - ZIP | | 5.1 TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
| 6.1 TITLE NAME STREET ADDRESS CITY - ST - ZIP | | 6.1 TITLE NAME STREET ADDRESS 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 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:  DATE 3-12-'97 941-5756060

CR2E034 (9/96)