


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

FILED

Apr 11 1997 8:00am  
Secretary of State

<b>PROFIT CORPORATION ANNUAL REPORT 1997</b>				FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # P96000018355 (3)</b> 1. Corporation Name <b>LUGO PERFORMANCE AUTOMOTIVE, INC.</b>					
Principal Place of Business <b>6101 RHYTHM BLVD. ORLANDO FL 32808</b>			Mailing Address <b>6101 RHYTHM BLVD. ORLANDO FL 32808-1407</b>		



<b>2. Principal Place of Business</b> <b>21 2401 N. Orange Blossom Tr.</b> Suite, Apt. #, etc.		<b>2a. Mailing Address</b> <b>2a 2401 N. Orange Blossom Tr.</b> Suite, Apt. #, etc.		<b>3. Date Incorporated or Qualified</b> <b>02/26/1996</b>		<b>3a. Date of Last Report</b>	
<b>22</b> City & State <b>23 Orlando, Florida</b> Zip <b>24 32804</b>		<b>27</b> City & State <b>28 Orlando, Florida</b> Zip <b>29 32804</b>		<b>4. FEI Number</b> <b>59-3363811</b>		Applied For <input type="checkbox"/> Not Applicable	
<b>25 U.S.A.</b>		<b>30 U.S.A.</b>		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		<b>6. Election Campaign Financing Trust Fund Contribution</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>9. Name and Address of Current Registered Agent</b> <b>LUGO, DENNIS</b> <b>2401 NORTH ORANGE BLOSSOM TRAIL</b> <b>ORLANDO FL 32804</b>				<b>10. Name and Address of New Registered Agent</b>			
<b>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.</b>				<b>81 Name</b> <b>82 Street Address (P.O. Box Number is Not Acceptable)</b> <b>83</b> <b>84 City</b> <b>FL</b> <b>85 Zip Code</b>			

<b>SIGNATURE</b> Signature, type or print name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)		<b>DATE</b>	
<b>12. OFFICERS AND DIRECTORS</b>		<b>13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12</b>	
<b>TITLE</b> <b>D</b> <b>LUGO, DENNIS</b> <b>6101 RHYTHM BLVD.</b> <b>ORLANDO FL 32808</b>	<input type="checkbox"/> DELETE	<b>1.1 TITLE</b> <b>1.2 NAME</b> <b>1.3 STREET ADDRESS</b> <b>1.4 CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>D</b> <b>LUGO, MARIA</b> <b>6101 RHYTHM BLVD.</b> <b>ORLANDO FL 32808</b>	<input type="checkbox"/> DELETE	<b>2.1 TITLE</b> <b>2.2 NAME</b> <b>2.3 STREET ADDRESS</b> <b>2.4 CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> DELETE	<b>3.1 TITLE</b> <b>3.2 NAME</b> <b>3.3 STREET ADDRESS</b> <b>3.4 CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> DELETE	<b>4.1 TITLE</b> <b>4.2 NAME</b> <b>4.3 STREET ADDRESS</b> <b>4.4 CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> DELETE	<b>5.1 TITLE</b> <b>5.2 NAME</b> <b>5.3 STREET ADDRESS</b> <b>5.4 CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> DELETE	<b>6.1 TITLE</b> <b>6.2 NAME</b> <b>6.3 STREET ADDRESS</b> <b>6.4 CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition

**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:** *Maria S. Lugo* **Maria S. Lugo** **4-8-97** **(407) 422-4429**  
 Signature, AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)