

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.)

FILED  
Aug 21 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P96000022418 (3)**

1. Corporation Name  
**AUTOPRO TRANSMISSION, INC.**

Principal Place of Business  
**7439 WEST 31ST AVENUE  
HALEAH FL 33016**

Mailing Address  
**7439 WEST 31ST AVENUE  
HALEAH FL 33016**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>4095 NW 135 ST</b>		2a. Mailing Address <b>4095 NW 135 ST</b>		3. Date Incorporated or Qualified <b>03/12/1996</b>	3a. Date of Last Report
21. Suite, Apt. #, etc.		26. Suite, Apt. #, etc.		4. FEI Number <b>650649365</b>	Applied For <input type="checkbox"/> Not Applicable
22. City & State <b>OPA LOCKA FL</b>		27. City & State <b>OPA LOCKA FL</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
23. Zip <b>33054</b>		28. Zip <b>33054</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
24. Country <b>USA</b>		29. Country <b>USA</b>		8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent <b>FERREIRA, MARCO 4095 N.W. 135TH ST. OPA LOCKA FL 33054</b>				10. Name and Address of New Registered Agent	
				81. Name <b>N/A</b>	
				82. Street Address (P.O. Box Number is Not Acceptable)	
				83.	
				84. City <b>FL</b>	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 **Marco Ferreira**

**8/1/97**

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>D</b>	<input type="checkbox"/> DELETE	1.1 TITLE <b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>FERREIRA, MRCO</b>		1.2 NAME <b>Ferreira, Marco</b>	
STREET ADDRESS <b>7436 WEST 31ST AVE.</b>		1.3 STREET ADDRESS <b>7439 W 31st Avenue</b>	
CITY-ST-ZIP <b>HALEAH FL 33016</b>		1.4 CITY-ST-ZIP <b>HALEAH, FL 33018</b>	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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 **Marco Ferreira**

**8/1/97 (305) 219-3955**

CR2E034 (4/97)