

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

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97 AUG 18 PM 2:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000026190 (4)

1. Corporation Name

MUNDO MOTORS AUTO SALES, INC.



Principal Place of Business 8380 NORTHWEST 70TH STREET MIAMI FL 33166	Mailing Address 8380 NORTHWEST 70TH STREET MIAMI FL 33166-2623
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2. Principal Place of Business 3760 NW	2a. Mailing Address South River Drive	3. Date Incorporated or Qualified 03/25/1996	3a. Date of Last Report
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21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number 65-0654325	Applied For Not Applicable
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22. City & State Miami	27. City & State Florida	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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23. Zip 33142	24. Country USA	28. Zip 33142	29. Country USA	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
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24. Zip 33142	25. Country USA	29. Zip 33142	30. Country USA	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No
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9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
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**AMERILAWYER CHARTERED
343 ALMERIA AVENUE
CORAL GABLES FL 33134**

81. Name Ana D. Arnes	82. Street Address (P.O. Box Number is Not Acceptable) 4080 SW 84th Avenue, Suite C	83. City Miami	84. State FL	85. Zip Code 33155
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11. Pursuant to the provisions of Sections 607.0512 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent. I am familiar with the provisions of Chapter 607, Florida Statutes, and I hereby accept the appointment as registered agent.

SIGNATURE *[Signature]* DATE **4/30/97**

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
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TITLE PSTD	NAME WILHELM, KAHL	1.1 TITLE President	1.2 NAME Kahl, Wilhelm	1.3 STREET ADDRESS 3760 NW South River Drive	1.4 CITY-ST-ZIP Miami, FL 33142
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TITLE Treasurer (No anymore)	NAME Ellie Sanchez	2.1 TITLE Treasurer (No anymore)	2.2 NAME Ellie Sanchez	2.3 STREET ADDRESS 343 Almeria Avenue	2.4 CITY-ST-ZIP Coral Gables, FL 33134
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TITLE Treasurer (No anymore)	NAME Ellie Sanchez	3.1 TITLE Treasurer (No anymore)	3.2 NAME Ellie Sanchez	3.3 STREET ADDRESS 343 Almeria Avenue	3.4 CITY-ST-ZIP Coral Gables, FL 33134
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TITLE Treasurer (No anymore)	NAME Ellie Sanchez	4.1 TITLE Treasurer (No anymore)	4.2 NAME Ellie Sanchez	4.3 STREET ADDRESS 343 Almeria Avenue	4.4 CITY-ST-ZIP Coral Gables, FL 33134
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TITLE Treasurer (No anymore)	NAME Ellie Sanchez	5.1 TITLE Treasurer (No anymore)	5.2 NAME Ellie Sanchez	5.3 STREET ADDRESS 343 Almeria Avenue	5.4 CITY-ST-ZIP Coral Gables, FL 33134
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TITLE Treasurer (No anymore)	NAME Ellie Sanchez	6.1 TITLE Treasurer (No anymore)	6.2 NAME Ellie Sanchez	6.3 STREET ADDRESS 343 Almeria Avenue	6.4 CITY-ST-ZIP Coral Gables, FL 33134
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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 in an attachment with an address.

SIGNATURE *[Signature]* DATE **4/30/97 (305) 637-0219**

CR2E034 (9/96)