

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

FILED
Apr 14 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000031259 (0)

1. Corporation Name

WORLD OF WHEELS USA, INC.



Principal Place of Business 10715 S.W. 190 STREET APT. #1 MIAMI FL 33157	Mailing Address 10715 S.W. 190 STREET APT. #1 MIAMI FL 33157-7829
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3. Date Incorporated or Qualified 04/05/1996	3a. Date of Last Report 04/05/1996
4. FEI Number 05-0050708	Applied For <input type="checkbox"/> 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 10058 S.W. 180 th Street City & State 23 Miami, Florida Zip Country 24 33157 25	2a. Mailing Address 26 10058 S.W. 180 th Street Suite, Apt. #, etc. 27 City & State 28 Miami, Florida Zip Country 29 33157 30
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9. Name and Address of Current Registered Agent WEITZMAN, JACK L 11420 S.W. 109 ROAD MIAMI FL 33176	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code
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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 accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Isidro Roque DATE: 4/8/97
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D <input checked="" type="checkbox"/> DELETE	NAME ROQUE, ISIDRO	1.1 TITLE D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME Roque, Isidro
STREET ADDRESS 10715 S.W. 190 STREET APT. #1	CITY-ST-ZIP MIAMI FL 33157	1.3 STREET ADDRESS 10058 S.W. 180th Street	1.4 CITY-ST-ZIP Miami, Florida 33157
TITLE D <input checked="" type="checkbox"/> DELETE	NAME ROQUE, TAMMY	2.1 TITLE D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME Roque, Tammy
STREET ADDRESS 10715 S.W. 190 STREET APT. #1	CITY-ST-ZIP MIAMI FL 33157	2.3 STREET ADDRESS 10058 S.W. 180th Street	2.4 CITY-ST-ZIP Miami, Florida 33157
TITLE <input type="checkbox"/> DELETE	NAME	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
STREET ADDRESS	CITY-ST-ZIP	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP
TITLE <input type="checkbox"/> DELETE	NAME	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
STREET ADDRESS	CITY-ST-ZIP	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP
TITLE <input type="checkbox"/> DELETE	NAME	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
STREET ADDRESS	CITY-ST-ZIP	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP
TITLE <input type="checkbox"/> DELETE	NAME	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
STREET ADDRESS	CITY-ST-ZIP	6.3 STREET ADDRESS	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: Isidro Roque DATE: 4/8/97 938-8800
SIGNATURE AND TYPE (OR PRINTED NAME) OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)