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Jan 23 1997 8:00am

Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P96000035100 (2)

1. Corporation Name

HUMCAR IMPORT-EXPORT CORP.

Principal Place of Business

848 BRICKELL AVENUE, SUITE 400  
MIAMI FL 33131

Mailing Address

848 BRICKELL AVENUE, SUITE 400  
MIAMI FL 33131



3. Date Incorporated or Qualified

04/22/1996

3a. Date of Last Report

2. Principal Place of Business

21 14629 SW 104th street

Suite, Apt #, etc.

22 Suite 515

City & State

23 Miami, Florida

Zip

24 33186

Country

25 USA

2a. Mailing Address

26 14629 SW 104th street

Suite, Apt #, etc.

27 Suite 515

City & State

28 Miami Florida

Zip

29 33186

Country

30 USA

4. FEI Number

45-0683528

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

CHARCHAT, STEVEN M ESQ.  
TUMPSON & CHARCHAT, P.A.  
848 BRICKELL AVENUE, SUITE 400  
MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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

Signature typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY- ST- ZIP

D, CARDONA, NOEL  
848 BRICKELL AVENUE, SUITE 400  
MIAMI FL 33131

DELETE

TITLE NAME STREET ADDRESS CITY- ST- ZIP

D, VP  
YERASQUEZ, MAGALY  
14629 SW 104th street, Suite 515  
Miami, Florida 33186

DELETE

TITLE NAME STREET ADDRESS CITY- ST- ZIP

DELETE

TITLE NAME STREET ADDRESS CITY- ST- ZIP

DELETE

TITLE NAME STREET ADDRESS CITY- ST- ZIP

DELETE

TITLE NAME STREET ADDRESS CITY- ST- ZIP

DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY- ST- ZIP

D, P, S, T  
Cardona, Noel  
14629 SW 104th street, Suite 515  
Miami Florida 33186

Change Addition

21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY- ST- ZIP

D, VP  
YERASQUEZ, MAGALY  
14629 SW 104th street, Suite 515  
Miami, Florida 33186

Change Addition

31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY- ST- ZIP

Change Addition

41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY- ST- ZIP

Change Addition

51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY- ST- ZIP

Change Addition

61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY- ST- ZIP

Change 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/13/97 403053588005

CR2E034 (9/96)