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**Mar 05 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 # P96000044160 (5)

1. Corporation Name
SOUTHSIDE AUTO SALES, INC.



Principal Place of Business
**9811 NORTHWEST 80 AVENUE, BAY 7H
HIALEAH GARDENS FL 33016**

Mailing Address
**9811 NORTHWEST 80 AVENUE, BAY 7H
HIALEAH GARDENS FL 33016**

3. Date Incorporated or Qualified 05/23/1996	3a. Date of Last Report
4. FEI Number 650669167	Applied For 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 type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. # etc.
22. City & State	27. City & State
23. Zip Country	28. Zip Country
24. Zip	29. Zip
25. Country	30. Country

9. Name and Address of Current Registered Agent
**AMERILAWYER CHARTERED
343 ALMERIA AVENUE
CORAL GABLES FL 33134**

10. Name and Address of New Registered Agent

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PSD	<input type="checkbox"/> DELETE
NAME	ARBOLEDA, ARTURO E	
STREET ADDRESS	9811 NORTHWEST 80 AVENUE, BAY 7H	
CITY - ST - ZIP	HIALEAH GARDENS FL 33016	
TITLE	VTD	<input checked="" type="checkbox"/> DELETE
NAME	SALVATIERRA, WALTER	
STREET ADDRESS	9811 NORTHWEST 80 AVENUE, BAY 7H	
CITY - ST - ZIP	HIALEAH GARDENS FL 33016	
TITLE	TREASURER	<input checked="" type="checkbox"/> DELETE
NAME	SALVATIERRA WALTER	
STREET ADDRESS	9811 NW 80 AVE. 7H	
CITY - ST - ZIP	HIALEAH GARDENS 33016	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	VTD ARBOLEDA, ARTURO
2.3 STREET ADDRESS	9811 NW 80 AVE. BAY 7H
2.4 CITY - ST - ZIP	HIALEAH GARDENS FL. 33016
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	TREASURER ARBOLEDA ARTURO
4.3 STREET ADDRESS	9811 NW 80 AVE 7H
4.4 CITY - ST - ZIP	HIALEAH GARDENS 33016
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
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: *Arturo Arboleda* 2-26-97 (305) 512-0783
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)