

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

FILED
Apr 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
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DOCUMENT # P96000046356

1. Corporation Name

TOYS FOR THE BOYS AUTOMOTIVE, INC.

Principal Place of Business 6361 Sunset Drive South Miami, Fl 33143	Mailing Address 6361 Sunset Drive South Miami, Fl 33143
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2. Principal Place of Business 21 1607 Ponce De Leon Blvd. Suite, Apt. #, etc. 22 Suite 101 City & State 23 Coral Gables, Fl Zip 24 33134		2a. Mailing Address 26 1607 Ponce De Leon Blvd. Suite, Apt. #, etc. 27 Suite 101 City & State 28 Coral Gables, Fl Zip 29 33134		3. Date Incorporated or Qualified 5-31-96		3a. Date of Last Report 		4. FEI Number 65-0684455		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			

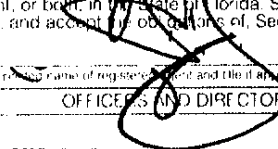
9. Name and Address of Current Registered Agent

Nunez, Alejandro, Esq.
6361 Sunset Drive
South Miami, Fl 33143

10. Name and Address of New Registered Agent

81 Name
Alejandro Nunez, Esq.
 82 Street Address (P.O. Box Number is Not Acceptable)
1607 Ponce De Leon Blvd.
 83 **Suite 101**
 84 City
Coral Gables, FL
 85 Zip Code
33134

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 and I am authorized to accept the appointment of, Section 607.0505, Florida Statutes.

SIGNATURE:  (NOTE: Registered Agent signature required when re/instating) DATE: **4-10-97**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PSD NAME MESA, MANUEL A. STREET ADDRESS 12066 N.W. 11th Street CITY-STATE-ZIP Pembroke Pines, Fl 33026	<input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE TD NAME MESA, BENIGNO JR. STREET ADDRESS 875 West 77th Street CITY-STATE-ZIP Hialeah, Fl 33014	<input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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*****165.00**

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

4-10-97 **915-7248**
 Date Daytime Phone #

CR2E034 (9/96)