

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

FILED

**May 02 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 # P96000053929 (1)

1. Corporation Name
INTERNET DISCOUNT AUTO SALES, INC.



Principal Place of Business: **19501 NORTHEAST 10 AVENUE SUITE 203 MIAMI FL 33179**
Mailing Address: **19501 NORTHEAST 10 AVENUE SUITE 203 MIAMI FL 33179-3578**

2. Principal Place of Business		2a. Mailing Address		3. Date incorporated or Qualified	3a. Date of Last Report
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		06/25/1996	
22 City & State		27 City & State		4. FEI Number	Applied For
23 Zip Country		28 Zip Country		65-0674986	Not Applicable
24		25		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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
AMERLAWYER CHARTERED 343 ALMERIA AVENUE CORAL GABLES FL 33134				81	Name
				82	Street Address (P.O. Box Number is Not Acceptable)
				83	
				84	City
				85	Zip Code
				FL	

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 _____ DATE _____
Signature typed or printed name of registered agent and filed if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STOPNICK, MICHAEL J	1.2 NAME	
STREET ADDRESS	19501 NORTHEAST 10 AVENUE SUITE 203	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33179	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KRARUP, JENS	2.2 NAME	
STREET ADDRESS	19501 NORTHEAST 10 AVENUE SUITE 203	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33179	2.4 CITY-ST-ZIP	
TITLE	VD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HART, JEROLD	3.2 NAME	
STREET ADDRESS	19501 NORTHEAST 10 AVENUE SUITE 203	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33179	3.4 CITY-ST-ZIP	
TITLE	STD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARANI, SHERRY L	4.2 NAME	
STREET ADDRESS	19501 NORTHEAST 10 AVENUE SUITE 203	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33179	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 charged on an attachment with an address.

SIGNATURE: *Michael Stopnick* MICHAEL STOPNICK 4-23-97 305 654 9070

CR2E034 (9/96)