CORPORATION ANNUAL REPORT

W: FILING FEE AFTER MAY 1 IS \$550.00

FLORIDA DEPARTMENT OF STATE

Sandra S. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

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DOCUMENT # P96000084993 (0)

Country

9. Name and Address of Current Registered Agent

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AMERILAWYER CHARTERED 343 ALMERIA AVENUE

CORAL GABLES FL 33134

SIGNATURE

TAMPA IMPORTS INCORPORATED

Mailing Address Principal Place of Business 12810 PINTAIL COURT 12738 NORTH FLORIDA AVENUE RIVERVIEW FL 33589-5757 **TAMPA FL 33612**

2a. Mailing Address

City & State

Zip

Suite, Apt. #, etc.

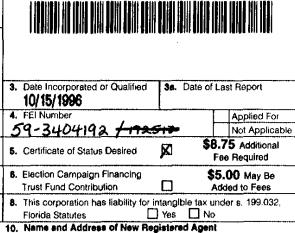
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FILED Apr 22 1997 8:00am Secretary of State



Zip Code

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

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 effice 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.

Country

81 Name

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SIGNATURE	Signature, typed or printed name of registered agent and title if appli	cable (NOTE	: Registered Agent signature	e required when reinstating)	DATE
12.	OFFICERS AND DIRECTOR		13.	ADDITIONS/CHANGES TO OFFICE	
TITLE	PSTD	DELETE	1.1 TITLE	VTSD	Change Addition
NAME	PESHKE, DANIEL M		1.2 NAME	PESHKE, NAMEY A	
STREET ADDRESS	12738 NORTH FLORIDA AVENUE		1.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL 33612		1.4 CITY-ST-ZIP	TAMPA FL 33412	
TITLE		DELETE	21 TITLE	P	Change Addition
NAME			2.2 NAME	PESHKE, DANIEL M	
STREET ADDRESS			2.3 STREET ADDRESS	12738 N FLORIDA AVENUE	
CrtY+ST-ZIP			2. 4 CITY-ST-ZIP	TAMPA FL 33612	
TITLE		DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS	f	
City - S1 - ZIP			3.4 CITY-ST-ZIP		
TILE		DELETE	4.1 TITLE		Change Addition
NAME (4. 2 NAME		
STREET ADDRESS			43 STREET ADDRESS	•	
CHY-ST-Z#			44 CITY-ST-ZIP		
TITLE		DELETÉ	51 TITLE		Change Addition
NAME			52 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CiTY-\$1-7iP			5.4 C/TY - ST - Z/P		
TITLE		DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY - ST - ZIF			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 ce. Sy that the information indicated on this 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 Blod 33 it chapted or on an attachment with an address.					