

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

FILED  
Mar 25 1997 8:00am  
Secretary of State

DOCUMENT # P96000088790 (6)

1. Corporation Name  
**VILLAGE AUTOWORKS, INC.**



Principal Place of Business  
**1880 79TH STREET CAUSEWAY  
NORTH BAY VILLAGE FL 33141**

Mailing Address  
**1880 79TH STREET CAUSEWAY  
NORTH BAY VILLAGE FL 33147-5642**

|  |                                       |
|--|---------------------------------------|
| 3. Date Incorporated or Qualified<br><b>10/25/1996</b>   | 3a. Date of Last Report               |
| 4. FET Number<br><b>65-0704032</b>   | Applied For<br>Not Applicable         |
| 5. Certificate of Status Desired <input type="checkbox"/>  | <b>\$8.75</b> Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>  | <b>\$5.00</b> 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. 25.                        | 29. 30.                 |

|  |  |
|--|--|
| 9. Name and Address of Current Registered Agent<br><b>DEFABIO, GEORGE J<br/>2121 PONCE DE LEON BLVD.<br/>SUITE 430<br/>CORAL GABLES FL 33134</b> | 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                                 |
|  | <b>FL</b>                                    |

11. Pursuant to the provisions of Sections 607.02 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: *Martin E. Lam* (NOTE: Registered Agent signature required when reinstating) DATE: **3-20-97**

| 12. OFFICERS AND DIRECTORS |                                 | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|----------------------------|---------------------------------|---|---|
| TITLE                      | <input type="checkbox"/> DELETE | 11. TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                 | 12. NAME  |   |
| STREET ADDRESS             |                                 | 13. STREET ADDRESS                                    |   |
| CITY- ST- ZIP              |                                 | 14. CITY- ST- ZIP                                     |   |
| TITLE                      | <input type="checkbox"/> DELETE | 21. TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                 | 22. NAME  |   |
| STREET ADDRESS             |                                 | 23. STREET ADDRESS                                    |   |
| CITY- ST- ZIP              |                                 | 24. CITY- ST- ZIP                                     |   |
| TITLE                      | <input type="checkbox"/> DELETE | 31. TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                 | 32. NAME  |   |
| STREET ADDRESS             |                                 | 33. STREET ADDRESS                                    |   |
| CITY- ST- ZIP              |                                 | 34. CITY- ST- ZIP                                     |   |
| TITLE                      | <input type="checkbox"/> DELETE | 41. TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                 | 42. NAME  |   |
| STREET ADDRESS             |                                 | 43. STREET ADDRESS                                    |   |
| CITY- ST- ZIP              |                                 | 44. CITY- ST- ZIP                                     |   |
| TITLE                      | <input type="checkbox"/> DELETE | 51. TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                 | 52. NAME  |   |
| STREET ADDRESS             |                                 | 53. STREET ADDRESS                                    |   |
| CITY- ST- ZIP              |                                 | 54. CITY- ST- ZIP                                     |   |
| TITLE                      | <input type="checkbox"/> DELETE | 61. TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                 | 62. NAME  |   |
| STREET ADDRESS             |                                 | 63. STREET ADDRESS                                    |   |
| CITY- ST- ZIP              |                                 | 64. 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, changed, or on an addendum with an address.

SIGNATURE: *Martin E. Lam* DATE: **3-20-97** (305) 868-0200  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)