

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

FILED

97 SEP 24 AM 9:20

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P96000094111 (7)

1. Corporation Name  
AUTOLESS, INC.

Principal Place of Business  
112 NORTHWEST 14 STREET #5  
POMPANO BEACH FL 33060

Mailing Address  
112 NORTHWEST 14 STREET #5  
POMPANO BEACH FL 33060

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 11/18/1996	3a. Date of Last Report 04/08/97
4. FEI Number 65070-9165	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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc. #5	26 Suite, Apt. #, etc. #5
22 City & State Pompano Beach, FL	27 City & State Pompano Beach, FL
23 Zip Country	28 Zip Country
24	29

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 8000002303758--5 -09/25/97--01104--016
84 City ***165.00 FL ***165.00

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

Signature: typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

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	MENDIETA, RODOLFO A	1.2 NAME	
STREET ADDRESS	112 NORTHWEST 14 STREET #5	1.3 STREET ADDRESS	
CITY-ST-ZIP	POMPANO BEACH FL 33060	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ARBULU, PAMELA	2.2 NAME	
STREET ADDRESS	112 NORTHWEST 14 STREET #5	2.3 STREET ADDRESS	
CITY-ST-ZIP	POMPANO BEACH FL 33060	2.4 CITY-ST-ZIP	
TITLE	VSTD	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ARBULU, MIGUEL	3.2 NAME	TD
STREET ADDRESS	112 NORTHWEST 14 STREET	3.3 STREET ADDRESS	112 NW 14 ST #5
CITY-ST-ZIP	POMPANO BEACH FL 33060	3.4 CITY-ST-ZIP	Pompano Beach, 33060
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		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 changed, or on an attachment with an address.

SIGNATURE: *Rodolfo A. Mendieta* *Pamela Arbulo* *Miguel Arbulo*

CR2E034 (4/97)

(2)

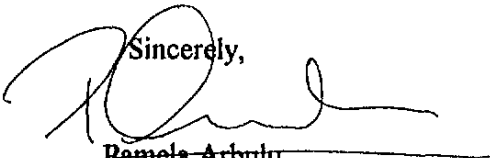
Autoless Inc  
112 NW 14St #5  
Pompano Beach, 33060

September 15, 1997

Division of Corporations  
Annual Report Section  
P.O. BOX 1500  
Tallahassee, FL 32302-1500

Dear Sirs:

Enclosed is a check for \$165.00. As told by one of your officers we are writing this letter to explain to you that we never received the first notice for filing. We started operating the business in May of 97, but as we see the address were you sent the first notice was not the correct address, there are several other warehouses in the area, and it was probably taken by mistake by another tenant, we received the second notice with a penalty of almost \$350.00, we believe that this is a mistake as we explained above the situation. Do not hesitate to contact us if there is any other question regarding this matter.

Sincerely,  
  
Pamela Arbula  
Vice-President