

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

FILED

Apr 04 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>	 FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P96000100433 (7)**

1. Corporation Name  
**CAR & TRUCK SELECTORS, INC.**



Principal Place of Business <b>6113 EAST COLONIAL DRIVE ORLANDO FL 32807</b>	Mailing Address <b>6113 EAST COLONIAL DRIVE ORLANDO FL 32807-3428</b>
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>12/11/1996</b>		3a. Date of Last Report	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number <b>59-2968709</b>		Applied For <input checked="" type="checkbox"/> Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
23 Zip Country		28 Zip Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
24		25		29		30	

9. Name and Address of Current Registered Agent <b>TORRES, CESAR 6113 EAST HIGHWAY 50 ORLANDO FL 32807</b>				10. Name and Address of New Registered Agent			
81 Name				82 Street Address (P.O. Box Number is Not Acceptable)			
83				84 City			
				FL 85 Zip Code			

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reappointing) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PO <i>Pres. (P.)</i>	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	TORRES, CESAR		1.2 NAME				
STREET ADDRESS	6113 EAST HIGHWAY 50		1.3 STREET ADDRESS				
CITY-ST-ZIP	ORLANDO FL 32807		1.4 CITY-ST-ZIP				
TITLE	VD <i>Director (D)</i>	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	TORRES, CESAR O		2.2 NAME				
STREET ADDRESS	6113 EAST HIGHWAY 50		2.3 STREET ADDRESS				
CITY-ST-ZIP	ORLANDO FL 32807		2.4 CITY-ST-ZIP				
TITLE	SD <i>Secretary (S)</i>	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	DEL MAR TORRES, CORAL		3.2 NAME				
STREET ADDRESS	6113 EAST HIGHWAY 50		3.3 STREET ADDRESS				
CITY-ST-ZIP	ORLANDO FL 32807		3.4 CITY-ST-ZIP				
TITLE	TD <i>Director (D)</i>	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	TORRES, ARAMIS H		4.2 NAME				
STREET ADDRESS	6113 EAST HIGHWAY 50		4.3 STREET ADDRESS				
CITY-ST-ZIP	ORLANDO FL 32807		4.4 CITY-ST-ZIP				
TITLE	CEO	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
NAME	TORRES, CESAR		5.2 NAME	<i>Vice Pres. (V)</i>			
STREET ADDRESS	6113 EAST HIGHWAY 50		5.3 STREET ADDRESS	<i>Ada M. Lopez</i>			
CITY-ST-ZIP	ORLANDO FL 32807		5.4 CITY-ST-ZIP	<i>6113 E. Colonial Dr. ORL. FL. 32807</i>			
TITLE		<input type="checkbox"/> DELETE	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, on an attachment with an address).

SIGNATURE: *Cesar Torres* 3/5/97-402380-0152  
SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0000000

CR2E034 (9/96)