

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.)

FILED
Aug 19 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 # P96000103338 (5)

1. Corporation Name
CARE AUTOMOTIVE GROUP, INC.



Principal Place of Business Mailing Address
1330 WEST INDUSTRIAL AVENUE, BAY 110 1330 WEST INDUSTRIAL AVENUE, BAY 110
BOYNTON BEACH FL 33426 BOYNTON BEACH FL 33426

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21		26		12/19/1996		12/19/1996	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		4. FEI Number		Applied For	
23 City & State		28 City & State		65-0721566		Not Applicable	
24 Zip		25 Country		5. Certificate of Status Desired		8.75 Additional Fee Required	
29 Zip		30 Country		6. Election Campaign Financing		5.00 May Be Added to Fees	
				Trust Fund Contribution		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	
						Yes No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
CABRERA, GERARDO				81 Name			
841 WEST 35TH STREET				82 Street Address (P.O. Box Number is Not Acceptable)			
HIALEAH FL 33012				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 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	P	NAME	CABRERA, GERARDO	1.1 TITLE		1.2 NAME	
STREET ADDRESS		841 WEST 35TH ST.		1.3 STREET ADDRESS		1.4 CITY-ST-ZIP	
CITY-ST-ZIP		HIALEAH FL 33012		2.1 TITLE		2.2 NAME	
TITLE	V	NAME	CABRERA, GERARDO JR.	2.3 STREET ADDRESS		2.4 CITY-ST-ZIP	
STREET ADDRESS		841 WEST 35TH ST.		3.1 TITLE		3.2 NAME	
CITY-ST-ZIP		HIALEAH FL 33012		3.3 STREET ADDRESS		3.4 CITY-ST-ZIP	
TITLE	T	NAME	CABRERA, ADA	4.1 TITLE		4.2 NAME	
STREET ADDRESS		820 WEST 36TH ST.		4.3 STREET ADDRESS		4.4 CITY-ST-ZIP	
CITY-ST-ZIP		HIALEAH FL 33012		5.1 TITLE		5.2 NAME	
TITLE		NAME		5.3 STREET ADDRESS		5.4 CITY-ST-ZIP	
STREET ADDRESS				6.1 TITLE		6.2 NAME	
CITY-ST-ZIP				6.3 STREET ADDRESS		6.4 CITY-ST-ZIP	
TITLE		NAME					
STREET ADDRESS							
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 registered agent 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: SIGNATURE REQUIRED

CR2E034 (4/97)