

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

FILED
Mar 24 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000023268 (0)

1. Corporation Name
KHS AUTO SALES, INC.

Principal Place of Business
100 N BISCAYNE BLVD STE 1707
MIAMI FL 33132

Mailing Address
100 N BISCAYNE BLVD STE 1707
MIAMI FL 33132



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 10416 N.W 27 Ave	26 1012 NE 167 st
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State NORTH MIAMI FL.	28 City & State N.M.B. FL.
24 Zip 33161	29 Zip 33162
25 Country U.S.A	30 Country USA

3. Date Incorporated or Qualified 03/15/1997	4. FEI Number 65-0740155	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" 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		

9. Name and Address of Current Registered Agent
BERGER, DAVID S
100 N BISCAYNE BLVD STE 1707
MIAMI FL 33132

10. Name and Address of New Registered Agent
81 Name OMAR E. HASETH
82 Street Address (P.O. Box Number is Not Acceptable) 1012 NE 167 st
83
84 City N.M.B.
85 Zip Code FL 33162

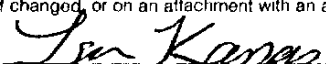
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE  Omar E. HASETH TREASURER 3-15-98.
(NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS	
TITLE	PD
NAME	KAPAS, ZSUZSANNA M
STREET ADDRESS	18760 NE 18 AVE APT 234
CITY-ST-ZIP	NO MIAMI BEACH FL 33179
<input type="checkbox"/> DELETE	
TITLE	VD
NAME	HEVIZI, AKOS
STREET ADDRESS	P O BOX 610343
CITY-ST-ZIP	MIAMI FL 33261
<input checked="" type="checkbox"/> DELETE	
TITLE	STD V D
NAME	SZABO, ZSOLT
STREET ADDRESS	18760 NE 18 AVE APT 234
CITY-ST-ZIP	NO MIAMI BEACH FL 33179
<input type="checkbox"/> DELETE	
TITLE	T12
NAME	Omar E. HASETH
STREET ADDRESS	1012 NE 167 st
CITY-ST-ZIP	N.M.B. FL 33162
<input type="checkbox"/> DELETE	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
<input type="checkbox"/> DELETE	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
<input type="checkbox"/> DELETE	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I 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:  Zsuzsanna Kapas President 3-15-98 305-945-9583

CR2E034 (10/97)