


FILED
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Secretary of State

03-02-1999 90194 039 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P98000098311

1. Corporation Name
POWER AUTO CENTER, INC.



Principal Place of Business 514 NORTH WEST-79TH STREET- MIAMI FL 33160	Mailing Address 514 NORTH WEST-79TH STREET- MIAMI FL 33160
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 11/23/1998	
4. FEI Number 65-0900459	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 the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent GARCIA, LAZARO 1233 N.E. 81ST TERRACE MIAMI FL 33138		10. Name and Address of New Registered Agent	
81 Name		82 Street Address (P.O. Box Number is Not Acceptable)	
83		84 City	
85 FL		86 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	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROJAS, NOEMI	1.2 NAME	
STREET ADDRESS	20740 N.E. 13TH CT. REET	1.3 STREET ADDRESS	
CITY-ST-ZIP	N MIAMI BEACH FL 33179	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GARCIA, LAZARO	2.2 NAME	
STREET ADDRESS	1233 N.E. 81ST TERR REET	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33138	2.4 CITY-ST-ZIP	
TITLE	STD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AROCHO, SANDY	3.2 NAME	
STREET ADDRESS	399 N.W. 98TH ST.	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33150	3.4 CITY-ST-ZIP	
TITLE	MARIA E. GARCIA TRD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1233 NE 81 TERR.	4.2 NAME	
STREET ADDRESS	MIAMI FL 33138	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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/09/99 (305) 962-0090
 Date Daytime Phone #

CR2E034 (1/198)