

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

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Mar 11 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **S79560** (6)

1. Corporation Name
D.C. AUTO SALES, INC.



Principal Place of Business: **371 W. 16 ST.
HIALEAH FL 33010
US**

Mailing Address: **371 W. 16 ST.
HIALEAH FL 33010-3021
US**

3. Date Incorporated or Qualified: **09/11/1991**

3a. Date of Last Report: **04/09/1996**

2. Principal Place of Business	2b. Mailing Address	4. FEI Number	Applied For
21	26	65-0527496	Not Applicable
Suite, Apt. #, etc.: 900 Palm Ave.	Suite, Apt. #, etc.: 900 Palm Ave	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
22	27	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
City & State: Hialeah FL	City & State: Hialeah FL	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
23	28		
Zip: 33010 Country: USA	Zip: 33010 Country: USA		
24	29	30	

9. Name and Address of Current Registered Agent

**CAMPOS DIANA JUSTA
371 W. 16 ST.
HIALEAH FL 33010**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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 reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PD
NAME	CAMPOS, EMIGDIO ANTONI	1.2 NAME	Campos Emigdio
STREET ADDRESS	371 W. 16 ST.	1.3 STREET ADDRESS	900 Palm Ave
CITY-ST-ZIP	HIALEAH FL	1.4 CITY-ST-ZIP	Hialeah, FL 33010
TITLE	STD	2.1 TITLE	STD
NAME	CAMPOS, DIANA JUSTA	2.2 NAME	Campos Diana Justa
STREET ADDRESS	371 W. 16 ST.	2.3 STREET ADDRESS	900 Palm Ave.
CITY-ST-ZIP	HIALEAH FL	2.4 CITY-ST-ZIP	Hialeah FL 33010
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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 907, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *X Diana J Campos*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/7/97 305-884-3833
Date Daytime Phone #

CR2E034 (9/96)