

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

FILED
Jan 28 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 # S79560 (6)
1. Corporation Name
D.C. AUTO SALES, INC.

Principal Place of Business 800 PALM AVE HIALEAH FL 33010 US	Mailing Address 800 PALM AVE HIALEAH FL 33010 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 1815w Okee RD Suite, Apt. #, etc. 22 Hialeah FL City & State 23 33010 DADE Zip Country 24 25		2a. Mailing Address 26 1815w Okee RD Suite, Apt. #, etc. 27 Hialeah FL City & State 28 33010 DADE Zip Country 29 30		3. Date Incorporated or Qualified 09/11/1991	
		4. FEI Number 65-0527496		Applied For 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 or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No			

g. Name and Address of Current Registered Agent

CAMPOS DIANA JUSTA
871 W. 16 ST.
HIALEAH FL 33010

10. Name and Address of New Registered Agent

81 Name	Campos, DIANA J.	
82 Street Address (P.O. Box Number is Not Acceptable)	1815w Okee RD	
83		
84 City	Hialeah	85 Zip Code
	FL	33010

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	<input type="checkbox"/> DELETE		1.1 TITLE	PD	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CAMPOS, EMIGDIO ANTONI			1.2 NAME	Campos, Emigdio A.		
STREET ADDRESS	800 PALM AVE			1.3 STREET ADDRESS	1815w Okee RD		
CITY - ST - ZIP	HIALEAH FL			1.4 CITY - ST - ZIP	Hialeah, FL 33010		
TITLE	STD	<input type="checkbox"/> DELETE		2.1 TITLE	STD	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CAMPOS, DIANA JUSTA			2.2 NAME	Campos, DIANA J.		
STREET ADDRESS	800 PALM AVE			2.3 STREET ADDRESS	1815w Okee RD		
CITY - ST - ZIP	HIALEAH FL			2.4 CITY - ST - ZIP	Hialeah, FL 33010		
TITLE		<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				3.2 NAME			
STREET ADDRESS				3.3 STREET ADDRESS			
CITY - ST - ZIP				3.4 CITY - ST - ZIP			
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY - ST - ZIP				4.4 CITY - ST - ZIP			
TITLE		<input type="checkbox"/> DELETE		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		<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 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

Diana J. Campos

01/21/98

305 884-3932

CR2E034 (10/97)