

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

FILED

May 02 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 # **V55002** (2)  
1. Corporation Name  
**KAR & CAR OF MIAMI CORP.**



Principal Place of Business <b>2937 SW 27TH ST 201 MIAMI FL 33131 US</b>	Mailing Address <b>6767 COLLINS AVE. #1805 MIAMI BEACH FL 33141-3267</b>
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3. Date Incorporated or Qualified <b>08/04/1992</b>	3a. Date of Last Report <b>04/24/1996</b>
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2. Principal Place of Business 21 <b>7601 E. TREASURE DR. #</b> Suite Apt. # etc. 22 <b>1023</b> City & State 23 <b>NORTH BAY VILLAGE, FL</b> Zip Country 24 <b>33141 USA</b>	2a. Mailing Address 26 <b>7601 E. TREASURE DR. #</b> Suite Apt. # etc. 27 <b>1023</b> City & State 28 <b>NORTH BAY VILLAGE, FL</b> Zip Country 29 <b>33141 USA</b>
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4. FEI Number <b>65-0506217</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent  
**ALBORNOZ, WILLIAM  
801 PONCE DE LEON BLVD.  
SUITE 701  
CORAL GABLES FL 33134**

10. Name and Address of New Registered Agent  
81 Name **JACQUELINE S. SOARES**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**7601 E. TREASURE DR. # 1023**  
83  
84 City **NORTH BAY VILLAGE, FL** 85 Zip Code **33141**

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 *Jacqueline S. Soares* - **JACQUELINE S. SOARES** DATE **03/03/97**

12. OFFICERS AND DIRECTORS

TITLE	<b>PTD</b>	<input type="checkbox"/> DELETE
NAME	<b>AMASTHA, CARLOS ENRIQUE</b>	
STREET ADDRESS	<b>6767 COLLINS AVE #1805</b>	
CITY-ST-ZIP	<b>MIAMI BEACH FL 33141</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>PTD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>AMASTHA, CARLOS ENRIQUE</b>	
1.3 STREET ADDRESS	<b>7601 E. TREASURE DR. # 1023</b>	
1.4 CITY-ST-ZIP	<b>NORTH BAY VILLAGE, FL 33141</b>	
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 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE: X *Carlos Enrique Amastha* SIGNATURE REQUIRED **CARLOS ENRIQUE AMASTHA** DIRECTOR **03/03/97** (305) **865-0727** Date Daytime Phone # 0194887

CR2E034 (9/96)