	•						
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00						FILED	
COR	PROFIT PORATION JAL REPORT	FLO	RIDA DEPARTM Sandra B. N	fortham			998 8:00an
	1998	DI	Secretary o VISION OF COF			Secretar	y of State
	MENT # 2984	68	(0)				
	AUTO SUPPLY, INC.		(-)				
Principal Place	e of Business	Mailing Add	ress			T EN DEND JINSTE TOLOGY ONLY DENDE DIESTE TOELF NE.	8     #1941   #1871   F1941   91871   91811   1881
2100 NW 27TH AVE 2100 NW 27TH AVE MIAMI FL 33142-7129 US US						DO NOT WRITE IN	THIS SPACE
		•				3. Date Incorporated or Qualified	
2. Principal P	lace of Business	2a. Mailing A	Address			11/05/1965 4. FEI Number	Applied For
21 8501		L —	01 5W	27 ter	·C	59-1107455	Not Applicable
Suite, Apt.		Suite, Ap				6. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	, (	28 City & St	liami, f	≃L		Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24 33/5	Country	29 3315	5 5 30	Country US F	A	<ol> <li>This corporation owes or has paid the Personal Property Tax due June 30.</li> </ol>	
	9. Name and Address of Cu	rrent Registered Age	ent			10. Name and Address of New Regis	tered Agent
NEREZALFREDOC. Perez							
2100 NW 27TH AVENUE  82 Street Address (i						ss (P.O. Box Number is Not Acceptable)	
MILE			63 8	50	1 SW at Te	יופ כצ	
				84 City	<u>~~</u>	<u> </u>	85 Zip Code
11. Pursuant	to the provisions of Sections 607	.0502 and 607.1508, I	Florida Statutes,	the above-named	corpor	ration submits this statement for the purp	pose of changing its registered
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 objugations of, Section 607.0505, Florida Statutes.							
SIGNATUREX Signature, hypothy pricked name of registered agent and tille if applicable (NOTE: Registered Agent signature required wh						when reinstating)	23/ Y )
12.		AND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFICER	
TITLE	SD	<del>-</del>	DELETE	1.1 TITLE	5,0		Change Addition
NAME	MARGARITA, HERNANDE 591 SE 5TH ST	2 1		1.2 NAME 1.3 STREET ADDRESS		afael H. Perez 13 minorca Aven	
STREET ADDRESS City-St-Zip	HIALEAH, FL 00000			1.4 CITY-ST-ZIP		ral Gables, FL	33134
TITLE	PTD		DELETE	2.1 TITLE	<u>-</u>		Change Addition
NAME	PEREZ, ALFREDO C			2.2 NAME			
STREET ADDRESS	8501 SW 27TH TERR			2.3 STREET ADDRESS			i
CATY - ST - ZIP	MIAMI, FL 00000			2. 4 CITY-ST-ZIP	1		Change Addition
TITLE		L	DELETE	3.1 TITLE	ļ		Change D Modition
NAME PROCES ADDOCASE				3.2 NAME 3.3 STREET ADDRESS	}		
STREET ADDRESS CITY-ST-ZIP				3.4. CITY-ST-ZIP			
TITLE			DELETE	4.1 TITLE	<del>                                     </del>		Change Addition
NAME				4. 2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY - ST - ZIP	<b> </b>		
TITLE		Ľ	DELETE	5.1 TITLE			Change Addition
NAME				5.2 NAME	1		ļ.

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

Change

\_\_\_ Addition

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

\_\_\_ DELETE

STREET ADDRESS

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME