FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB -7 PM 2:35

DOCUMENT # 387074 (8)

1. Corporation Name
FOREIGN PARTS DISTRIBUTORS, INC.

Principal Place of Business	Mailing Address
545 WEST 18TH ST HIALEAH FL 33010	545 WEST 18TH ST HIALEAH FL 33010

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 08/18/1971
3a. Date of Last Report: 03/24/1994

2. Principal Place of Business
21
Suite, Apt. #, etc. 22
City & State 23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc. 27
City & State 28
Zip 29 Country 30

4. FEI Number: 59-1356409 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
SILVER, BERKOVITIS, DIX & CO. 1428 BRICKELL AVE STE 100 MIAMI FL 33131	81 Name: Robert S. Feig 82 Street Address (P.O. Box Number is Not Acceptable): 10120 W. Broadview Drive 83 84 City: Bay Harbor Isle FL 85 Zip Code: 33154

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] 2/1/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	SD
NAME	FEIG, EVA
STREET ADDRESS	10120 W BROADVIEW DR
CITY-ST-ZIP	BAY HARBOR ISL, FL 00000
TITLE	T
NAME	SANCHEZ, TERESITA
STREET ADDRESS	545 WEST 18TH ST
CITY-ST-ZIP	HIALEAH, FL 00000
TITLE	PD
NAME	FEIG, ROBERT S
STREET ADDRESS	10120 W BROADVIEW DR
CITY-ST-ZIP	BAY HARBOR ISL, FL 00000
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VD	☒ Change ☐ Addition
1.2 NAME	Feig, Eva F.	
1.3 STREET ADDRESS	10120 W. Broadview Dr.	
1.4 CITY-ST-ZIP	Bay Harbor Isle, FL 33154	
2.1 TITLE	STD	☒ Change ☐ Addition
2.2 NAME	Feig. Ryan O.	
2.3 STREET ADDRESS	10120 W. Broadview Dr.	
2.4 CITY-ST-ZIP	Bay Harbor Isle, FL 33154	
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ 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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 10 if changed, or on an attachment with an address.

SIGNATURE: [signature] Robert S. Feig 1/13/95 (305) 885-8646
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0079807 CP