

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

APPROVED
AND
FILED

99 MAR 11 PM 3:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/09/1981

4. FEI Number

59-2147594

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 owes the current year Intangible
Personal Property Tax

[] Yes [] No

10. Name and Address of New Registered Agent

81. Name

82. Street Address (P.O. Box Numbers are Not Acceptable)

83.

84. City

FL 85. Zip Code

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F54578

1. Corporation Name

FLORIDA FOREIGN PARTS, INC.

Principal Place of Business

2300 CORAL WAY
#200
MIAMI FL 33145
US

Mailing Address

2300 CORAL WAY
#200
MIAMI FL 33145
US

2. Principal Place of Business

21. 2300 CORAL WAY

Suite, Apt. #, etc.

22. SUITE 200

City & State

23. MIAMI FLORIDA

Zip Country

24. 33145 25. U.S.

2a. Mailing Address

26. 2300 CORAL WAY

Suite, Apt. #, etc.

27. SUITE 200

City & State

28. MIAMI FLORIDA

Zip Country

29. 33145 30. U.S.

9. Name and Address of Current Registered Agent

FLORIDA ANNUAL REPORT SERVICES INC
2300 CORAL WAY
#200
MIAMI FL 33145

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 location, in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE

AMADA CANTERA LOPEZ, PRES.

3/4/99

12. OFFICERS AND DIRECTORS

TITLE P [] DELETE

NAME GONZALEZ, HECTOR
STREET ADDRESS 16347 NW 57TH AVENUE
CITY-STATE-ZIP HIALEAH FL

TITLE VST [] DELETE

NAME GONZALEZ, RENAALDO
STREET ADDRESS 16347 NW 57 AVENUE
CITY-STATE-ZIP HIALEAH FL

TITLE [] DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE [] DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE [] DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE [] DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), Florida Statutes. 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11. TITLE [] Change [] Addition

12. NAME

13. STREET ADDRESS

14. CITY-STATE-ZIP

21. TITLE [] Change [] Addition

22. NAME

23. STREET ADDRESS

24. CITY-STATE-ZIP

31. TITLE [] Change [] Addition

32. NAME

33. STREET ADDRESS

34. CITY-STATE-ZIP

41. TITLE [] Change [] Addition

42. NAME

43. STREET ADDRESS

44. CITY-STATE-ZIP

51. TITLE [] Change [] Addition

52. NAME

53. STREET ADDRESS

54. CITY-STATE-ZIP

61. TITLE [] Change [] Addition

62. NAME

63. STREET ADDRESS

64. CITY-STATE-ZIP

600002806276--2

-03/15/99--01121--021

****150.00 ****150.00

[] Change [] Addition

[] Change [] Addition

[] Change [] Addition

[] Change [] Addition

3/4/99

0217599

CR2E034 (11/98)