

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

FILED
Apr 13 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 # M73970 (9)

1. Corporation Name
AA+ STARTER AND ALTERNATOR, INC.

Principal Place of Business 4631 S STATE RD 7 DAVIE FL 33314 US	Mailing Address 4631 S STATE RD 7 DAVIE FL 33314 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 1130 S. STATE RD 7		26 1130 S. STATE RD 7		03/28/1988	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		65-0044995	
City & State		City & State		Applied For	
23 HOLLYWOOD FL		28 HOLLYWOOD FL		Not Applicable	
Zip		Zip		5. Certificate of Status Desired	
24 33023		29 33023		<input type="checkbox"/> \$8.75 Additional Fee Required	
Country		Country		6. Election Campaign Financing	
25 USA		30 USA		<input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	
RIVERA, JESUS 4631 S STATE RD 7 DAVIE FL 33314				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
10. Name and Address of New Registered Agent				81 Name	
				RIVERA, JESUS	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				1130 S. STATE RD 7	
				83	
				84 City	
				HOLLYWOOD FL	
				85 Zip Code	
				33023	

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 I accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE *X J.D. Rivera* DATE *X*

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	RIVERA, JESUS D.	
STREET ADDRESS	4631 S STATE RD 7	
CITY-ST-ZIP	DAVIE FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	RIVERA, MARYBELL	
STREET ADDRESS	4631 S STATE ROAD 7	
CITY-ST-ZIP	DAVIE FL	
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	DP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	RIVERA, JESUS	
1.3 STREET ADDRESS	1130 S. STATE RD 7	
1.4 CITY-ST-ZIP	HOLLYWOOD FL 33023	
2.1 TITLE	VP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	RIVERA, MARYBELL	
2.3 STREET ADDRESS	1130 S. STATE RD 7	
2.4 CITY-ST-ZIP	HOLLYWOOD FL 33023	
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 hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(9)(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 J.D. Rivera*

X 4/13/98

CP2E034 (10/97)