

FILE NOW: FILING FEE AFTER MAY 1ST IS

**FILED**  
**May 06, 1999 8:00 am**  
**Secretary of State**

05-06-1999 90256 047 \*\*\*150.00

PROFIT CORPORATION  
 ANNUAL REPORT  
**1998**



FLORIDA DEPARTMENT OF REVENUE  
 Sandra B. ...  
 Secretary  
 DIVISION OF CORPORATIONS

**DOCUMENT # P92000008796 (4)**

1. Corporation Name  
**MR. PARTS EXPORT CORP.**

Principal Place of Business: 1448 NW 78TH AVE. MIAMI FL 33126 US  
 Mailing Address: POST OFFICE BOX 162924 MIAMI FL 33116 US

**DO NOT WRITE IN THESE SPACES**

3. Date Incorporated or Qualified: 12/03/1992  
 4. FEI Number: 65-0382002  
 5. Certificate of Status Desired: [ ]  
 6. Election Campaign Financing Trust Fund Contribution: [ ]  
 8. This corporation owes or has paid Personal Property Tax due June 30:

2. Principal Place of Business: 21 7821 N.W. 52 ST. 22 MIAMI, FL. 23 33166  
 2a. Mailing Address: 26 POST OFFICE BOX 162924 MIAMI FL 33116 US  
 27  
 29 30

9. Name and Address of Current Registered Agent  
**FUENTES, ANGEL T**  
**13525 SW 104 TERR**  
**MIAMI FL 33186**

10. Name and Address of New Regis:  
 81 Name  
 82 Street Address (P.O. Box Number is Not Acceptable)  
 83  
 84 City

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

SIGNATURE: Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered agent signature required when renewal/FS)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS	
TITLE	P	11 TITLE	
NAME	FUENTES, ANGEL T	12 NAME	
STREET ADDRESS	13525 SW 104 TERR	13 STREET ADDRESS	
CITY-STATE-ZIP	MIAMI FL	14 CITY-STATE-ZIP	
TITLE	VPS	21 TITLE	
NAME	FUENTES, MARY ANN	22 NAME	
STREET ADDRESS	13525 S.W. 104 TERRACE	23 STREET ADDRESS	
CITY-STATE-ZIP	MIAMI FL	24 CITY-STATE-ZIP	
TITLE	T	31 TITLE	
NAME	CHIN SHUE, HELENA M	32 NAME	
STREET ADDRESS	17341 N.W. 61ST PL.	33 STREET ADDRESS	
CITY-STATE-ZIP	MIAMI FL	34 CITY-STATE-ZIP	
TITLE		41 TITLE	
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-STATE-ZIP		44 CITY-STATE-ZIP	
TITLE		51 TITLE	
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-STATE-ZIP		54 CITY-STATE-ZIP	
TITLE		61 TITLE	
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-STATE-ZIP		64 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. I am authorized on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if I am officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and Book 12 or Book 13 if prepared or filed on or after 1/1/99.

*Mary Ann Fuentes*  
 4/20/99

P.S.  
 We misplaced  
 1999  
 Form  
 We are  
 using this  
 the 1998  
 Form  
 to pay the  
 1999  
 Fee.