

2003 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91366 028 ***150.00

DOCUMENT # P97000073261

1. Entity Name
EXUS ISUZU PARTS, CORP.
4001 NW 32nd Avenue

| | |
|--|--|
| Principal Place of Business 4001 NW 32nd Avenue Miami, FL 33142-5001 | Mailing Address 4001 NW 32nd Avenue Miami, FL 33142-5001 |
|--|--|

| | | | |
|--------------------------------|---------------------|--------------------|--------------|
| 2. Principal Place of Business | | 3. Mailing Address | |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. | City & State | City & State |
| Zip | Country | Zip | Country |

4. FEI Number **65-0776809**

| | |
|-------------|----------------|
| Applied For | Not Applicable |
|-------------|----------------|

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

| |
|--|
| Name Frank De La Oliva |
| Street Address (P.O. Box Number is Not Acceptable) 4001 NW 32nd Avenue |
| City Miami |
| State FL |
| Zip Code 33142-5001 |

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE Frank De La Oliva [Signature] 4/24/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | |
|---|---------------------------------|
| TITLE P | <input type="checkbox"/> Delete |
| NAME De La Oliva, Frank | |
| STREET ADDRESS 90 NW 154th Street | |
| CITY-ST-ZIP Miami, FL 33169 | |
| TITLE VP | <input type="checkbox"/> Delete |
| NAME Limonte, Obed | |
| STREET ADDRESS 1240 NW 32nd Place | |
| CITY-ST-ZIP Miami, FL 33125 | |
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete |
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| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Frank De La Oliva [Signature] 4/24/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)