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

PROFIT CORPORATION ANNUAL REPORT

1998

TITLE

NAME

TITLE

NAME STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY - ST - ZIP



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P97000099072 (5) DOCUMENT #

K. TRACTOR PARTS, INC.

Principal Place of Business Mailing Address 8147 NW 67TH STREET 8147 NW 67TH STREET MIAMI FL 33166 MIAMI FL 33166 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 11/20/1997 2. Principal Place of Business 2a. Mailing Address Applied For *-0*79*5*033 Not Applicable 21 Suite, Apt. #. etc. Suito, Apt #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution Added to Fees 28 Zip Country Country 8. This corporation owes or has paid the current fear Intangible 24 25 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 MAGARUINOS, ANDREA P 8147 NW 67TH STREET 62 Street Address (P.O. Box Number is Not Acceptable) **MIAMI FL 33166** 83 84 Zip Code 65 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed non-c of registered agent and title diapplicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. ___ Addition Change TITLE DELETE 1.1 1014 MAGARINOS, ANDREA P NAME 1.2 NAME 8147 NW 67TH STREET STREET ADDRESS 1.3 STREET ADDRESS MIAMI FL 33166 CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE 2 1 TITLE Change Addition TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change ___ Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-7IP 4.4 CITY-ST-ZIP

5.1 TITLE

52 NAME

6.1 TITLE 6.2 NAME

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

14. Thereby 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 annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the conformation or the receiver or fusiced employeed to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if chapter 607 or any attachment with a solders.

DELETE

DELETE

04-20-98

Change

Change

Addition

Addition

FILED

Apr 24 1998 8:00am

Secretary of State