

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. McPham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **V12992** (6)

1. Corporation Name
MACHINERY & PARTS OF AMERICA, INC.



Principal Place of Business: **2600 DOUGLAS RD STE 505 CORAL GABLES FL 33134-6127 US**
Mailing Address: **2600 DOUGLAS RD STE 505 CORAL GABLES FL 33134-6127 US**

3. Date Incorporated or Qualified: **02/11/1992**
3a. Date of Last Report: **04/21/1995**

2. Principal Place of Business: 21. Suite, Apt., #, etc.; 22. City & State; 23. Zip; 24. Country; 25. Country
2a. Mailing Address: 26. Suite, Apt., #, etc.; 27. City & State; 28. Zip; 29. Country; 30. Country

4. FEI Number: **65-0310361**
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**
7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
**JORDAN BITTEL, P.A.
201 S BISCAYNE BLVD
1600 MIAMI CENTER
MIAMI FL 33131**

10. Name and Address of New Registered Agent
81. Name; 82. Street Address (P.O. Box Number is Not Acceptable); 83.; 84. City; 85. Zip Code: **FL**

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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 607.0503, Florida Statutes.

SIGNATURE: _____ DATE: _____

12. OFFICERS AND DIRECTORS

11.1 TITLE	DP	<input type="checkbox"/> DELETE
11.2 NAME	SAVINOVICH, JUAN C	
11.3 STREET ADDRESS	2600 DOUGLAS RD. #505	
11.4 CITY - ST - ZIP	CORAL GABLES FL	
11.5 TITLE	DS	<input type="checkbox"/> DELETE
11.6 NAME	HUERTA, XAMER	
11.7 STREET ADDRESS	2600 DOUGLAS RD. #505	
11.8 CITY - ST - ZIP	CORAL GABLES FL	
11.9 TITLE		<input type="checkbox"/> DELETE
11.10 NAME		
11.11 STREET ADDRESS		
11.12 CITY - ST - ZIP		
11.13 TITLE		<input type="checkbox"/> DELETE
11.14 NAME		
11.15 STREET ADDRESS		
11.16 CITY - ST - ZIP		
11.17 TITLE		<input type="checkbox"/> DELETE
11.18 NAME		
11.19 STREET ADDRESS		
11.20 CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.2 NAME	
12.3 STREET ADDRESS	
12.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.5 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.6 NAME	
12.7 STREET ADDRESS	
12.8 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.9 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.10 NAME	
12.11 STREET ADDRESS	
12.12 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.13 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.14 NAME	
12.15 STREET ADDRESS	
12.16 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.17 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.18 NAME	
12.19 STREET ADDRESS	
12.20 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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. I am attaching address.

SIGNATURE:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02-05-96 (306) 529-0208
DATE OF PREPARATION

CR2E034 (12/95)