

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

FILED

Jan 23 1997 8:00am
Secretary of State

PROFIT CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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 33134-6125
US

3. Date Incorporated or Qualified 02/11/1992
3a. Date of Last Report 02/14/1996

2. Principal Place of Business

2a. Mailing Address

4. FEI Number 65-0310361
Applied For Not Applicable

21 Suite, Apt #, etc
22 1390 Brickell Ave #290
City & State

26 Suite, Apt #, etc.
27 1390 Brickell Ave #290
City & State

6. Certificate of Status Desired \$8.75 Additional Fee Required

23 Miami, FL
Zip Country

28 Miami, FL
Zip Country

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

24 33131

25 U.S.A

29 33131

30 U.S.A.

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

JORDAN BITTEL, P.A.
201 S BISCAYNE BLVD
1600 MIAMI CENTER
MIAMI FL 33131

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

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 Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

Table with 4 columns: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP. Rows include DP SAVINOVICH, JUAN C and DS HUERTA, XAVIER.

Table with 4 columns: 1.1 TITLE, 1.2 NAME, 1.3 STREET ADDRESS, 1.4 CITY-ST-ZIP. Rows include DP SAVINOVICH, JUAN C and DS HUERTA, XAVIER.

14. I do 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 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: [Signature] 01-14-97 (201) 358-6110
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)