

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **M16183** (9)

1. Corporation Name

SUNSHINE AUTOMOTIVE PARTS DISTRIBUTORS, INC.

Principal Place of Business

**1125 NE 71ST ST
MIAMI FL 33150
US**

Mailing Address

**12280 NE 14TH AVE.
MIAMI FL 33161**



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

**OSHEROFF, MARC A.
12280 N.E. 14TH AVE.
N. MIAMI FL 33161**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

3. Date Incorporated or Qualified

06/03/1985

3a. Date of Last Report

04/20/1995

4. FEI Number

65-0546781

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**

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

10. Name and Address of New Registered Agent

SIGNATURE

Signature of the person authorized to sign this document

Signature of the Agent submitting this document

Date

12. OFFICERS AND DIRECTORS

TITLE

PD

☐ DELETE

NAME

MITCHELL, ROBERT S JR

STREET ADDRESS

12280 N.E. 14TH AVE.

CITY-ST-ZIP

N. MIAMI FL 33161

TITLE

VD

☒ DELETE

NAME

ALTER, HERBERT

STREET ADDRESS

1125 N.W. 71 STREET

CITY-ST-ZIP

MIAMI FL

TITLE

SELF / TRES

☐ DELETE

NAME

SUZANNE NELSON

STREET ADDRESS

1125 N.W. 71ST ST.

CITY-ST-ZIP

MIAMI, FL 33150

TITLE

NAME

☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☐ Change

☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

☐ Change

☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

☐ Change

☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

☐ Change

☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

☐ Change

☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

☐ Change

☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied in this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(a), 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 addition only with an X mark.

SIGNATURE:

[Signature] **Signature and Typed or Printed Name of Signing Officer or Director**

[Signature] **Date**

[Signature] **Signature of Agent**

CR2E034 (12/95)