

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

PROFIT
CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # 258221

(1)

1. Corporation Name

MIRAMAR AUTO PARTS CORPORATION

Principal Place of Business

1221 N. VENETIAN WAY
MIAMI FL 33139

Mailing Address

1221 N. VENETIAN WAY
MIAMI FL 33139

FILED

1995 JUL 20 AM 10:18

STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified	3a. Date of Last Report
04/23/1962	03/08/1994
4. FEI Number	Applied For Not Applicable
59-0969857	
5. Certificate of Status Desired	☐ \$8.75 Additional Fee Required
6. Limited Liability Corporation Limited Liability Corporation	☐ \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

27 Suite, Apt. #, etc.

28 City & State

29 Zip

Country

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

NIBALDO, CAPOTE
1221 NORTH VENETIAN WAY SAN MARCOS ISL
MIAMI BCH. FL 33139

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 of person or persons authorized to register agent and for a change of office

Signature of Registered Agent (signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME CAPOTE, NIBALDO
STREET ADDRESS 1609 S.W. 17TH TERRACE
CITY, ST, ZIP MIAMI FL

TITLE V
NAME RODRIGUEZ, ENRIQUE
STREET ADDRESS 1436 S.W. 13TH AVENUE
CITY, ST, ZIP MIAMI FL

TITLE S
NAME GUIXENS, RAMON
STREET ADDRESS 3300 WEST 12TH AVENUE
CITY, ST, ZIP MIAMI FL

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

13.

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY, ST, ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY, ST, ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY, ST, ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY, ST, ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY, ST, ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY, ST, ZIP

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 and much 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

17 July 95

856-4230 (335)