

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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



3. Date Incorporated or Qualified
04/23/1962

3a. Date of Last Report
07/20/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

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9. Name and Address of Current Registered Agent

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

81 Name

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

83

84 City

FL

85 Zip Code

10. Name and Address of New Registered Agent

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)

(Signature) Registered Agent's signature required when registering

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	DELETE
NAME	CAPOTE, NIBALDO	
STREET ADDRESS	1609 S.W. 17TH TERRACE	
CITY- ST- ZIP	MIAMI FL	
TITLE	V	DELETE
NAME	RODRIGUEZ, ENRIQUE	
STREET ADDRESS	1436 S.W. 13TH AVENUE	
CITY- ST- ZIP	MIAMI FL	
TITLE	S	DELETE
NAME	GUIXENS, RAMON	
STREET ADDRESS	3300 WEST 12TH AVENUE	
CITY- ST- ZIP	MIAMI FL	
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	Change	Addition
2. NAME		
3. STREET ADDRESS		
4. CITY- ST- ZIP		
5. TITLE	Change	Addition
6. NAME		
7. STREET ADDRESS		
8. CITY- ST- ZIP		
9. TITLE	Change	Addition
10. NAME		
11. STREET ADDRESS		
12. CITY- ST- ZIP		
13. TITLE	Change	Addition
14. NAME		
15. STREET ADDRESS		
16. CITY- ST- ZIP		
17. TITLE	Change	Addition
18. NAME		
19. STREET ADDRESS		
20. 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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

14 Mar 1996

856-4230

CR2E034 (12/95)