

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

FILED

**May 05 1998 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # 298468 (0)
1. Corporation Name
H. & L. AUTO SUPPLY, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business: 2100 NW 27TH AVE, MIAMI FL 33142-7129, US
Mailing Address: 2100 NW 27TH AVE, MIAMI FL 33142-7129, US

3. Date Incorporated or Qualified: 11/05/1965

2. Principal Place of Business: 21 8501 SW 27 Terr. Suite, Apt. #, etc.
2a. Mailing Address: 26 8501 SW 27 Terr. Suite, Apt. #, etc.

4. FEI Number: 59-1107455
Applied For: Not Applicable

22. City & State: Miami, FL
27. City & State: Miami, FL

5. Certificate of Status Desired: \$8.75 Additional Fee Required

23. Zip: 33155, Country: USA
28. Zip: 33155, Country: USA

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

6. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent
PEREZ ALFREDO C.
2100 NW 27TH AVENUE
MIAMI FL 33142

10. Name and Address of New Registered Agent
81 Name: Alfredo C. Perez
82 Street Address (P.O. Box Number is Not Acceptable):
83 8501 SW 27 Terrace
84 City: Miami, FL 85 Zip Code: 33155

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: *Alfredo C. Perez* DATE: 4/23/98

12. OFFICERS AND DIRECTORS

TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	MARGARITA, HERNANDEZ T	
STREET ADDRESS	591 SE 5TH ST	
CITY-ST-ZIP	HIALEAH, FL 00000	
TITLE	PTD	<input type="checkbox"/> DELETE
NAME	PEREZ, ALFREDO C	
STREET ADDRESS	8501 SW 27TH TERR	
CITY-ST-ZIP	MIAMI, FL 00000	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Rafael A. Perez	
1.3 STREET ADDRESS	603 Minorca Avenue	
1.4 CITY-ST-ZIP	Coral Gables, FL 33134	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I 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: *Alfredo C. Perez* DATE: 4/23/98 305-221-2082

CR2E034 (10/97)