

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra G. Matheson
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 28 PH 3:13

DOCUMENT # **313776** (7)
1. Corporation Name
MIAMI PARTS IMPORT INC

Principal Place of Business Mailing Address
6691 NW 51 STREET **6691 NW 51 STREET**
P.O. BOX 522862 GMF **P.O. BOX 522862 GMF**
MIAMI FL 33152 **MIAMI FL 33152**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **02/14/1967** 3a. Date of Last Report **05/01/1994**
4. FEI Number **59-1165865** Applied For Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing **\$5.00 May Be Added to Fees**
7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 State, Apt # etc 26 State, Apt # etc
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent
MEDEROS, JOSE O.
3701 S.W. 124TH CT.
MIAMI FL 33175

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

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 _____ (PRINT) _____ (DATE)

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	MEDEROS, JOSE O.
STREET ADDRESS	2025 BRICKELL AVENUE #2001
CITY, ST, ZIP	MIAMI FL
TITLE	S
NAME	MEDEROS, PATRICIA F.
STREET ADDRESS	3701 S.W. 124TH CT.
CITY, ST, ZIP	MIAMI FL
TITLE	V
NAME	MEDEROS, OSCAR J.
STREET ADDRESS	12721 SW 93 ST.
CITY, ST, ZIP	MIAMI FL
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY, ST, ZIP	
21 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	S
23 STREET ADDRESS	GEORGE MEDEROS
24 CITY, ST, ZIP	6991 N.W. 51 STREET MIAMI, FL. 33166
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY, ST, ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY, ST, ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY, ST, ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY, ST, ZIP	

14. I, the undersigned, certify that the information supplied in this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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 0017, Florida Statutes, and that my name appears in Block 12 or Block 13 of this filing, or on an attachment with an address.

SIGNATURE: _____
DATE: _____ (PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

03-28-95 (305) 594 3908
Date Signature