

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 522062 GMF **P.O. BOX 522062 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 Name of Registered Agent and Signer) (Print Name of Registered Agent) (Print Name)

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**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
11 TITLE Change Addition
12 NAME
13 STREET ADDRESS
14 CITY, ST, ZIP
21 TITLE Change Addition
22 NAME **S**
23 STREET ADDRESS **GEORGE MEDEROS**
24 CITY, ST, ZIP **6991 N.W. 51 STREET**
MIAMI, FL. 33166
31 TITLE Change Addition
32 NAME
33 STREET ADDRESS
34 CITY, ST, ZIP
41 TITLE Change Addition
42 NAME
43 STREET ADDRESS
44 CITY, ST, ZIP
51 TITLE Change Addition
52 NAME
53 STREET ADDRESS
54 CITY, ST, ZIP
61 TITLE Change 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 199.03(2)(b), Florida Statutes. I further certify that the information included 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 007, Florida Statutes, and that my name appears in Block 12 or Block 13 of this filing, or on an attachment with an address.

SIGNATURE: _____
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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