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 # **313776** **(7)**

1. Corporation Name

MIAMI PARTS IMPORT INC

Principal Place of Business

6691 NW 51 STREET
P.O. BOX 522862 GMF
MIAMI FL 33152

Mailing Address

6691 NW 51 STREET
P.O. BOX 522862 GMF
MIAMI FL 33152

3. Date Incorporated or Qualified: **02/14/1967**

3a. Date of Last Report: **03/28/1995**

4. FEI Number: **59-1165865** [ ] Applied For [ ] Not Applicable

5. Certificate of Status Desired [ ] **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution [ ] **$5.00** May Be Added to Fees

8. Does corporation owe Florida tax liability for intangible tax under s. 199.032, Florida Statutes? [ ] Yes [ ] No

2. Principal Place of Business

21 6991 N.W. 51 STREET
Suite, Apt. #, etc.
22
City & State
23 MIAMI, FLORIDA
Zip 24 33166 Country 25 USA

2a. Mailing Address

26 6991 N.W. 51 STREET
Suite, Apt. #, etc.
27
City & State
28 MIAMI, FLORIDA
Zip 29 33166 Country 30 USA

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 Section(s) 607.0502 and/or 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. Its business address and mailing address will be identical. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section(s) 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	[ ] DELETE		[ ] Change [ ] Addition
NAME	MEDEROS, JOSE O.			
STREET ADDRESS	2025 BRICKELL AVENUE #2001			
CITY-ST-ZIP	MIAMI FL			
TITLE	S	XX DELETE	S/T	[ ] Change XX Addition
NAME	MEDEROS, PATRICIA F.		GEORGE MEDEROS	
STREET ADDRESS	6991 N.W. 51 STREET		5157 N.W. 105 COURT	
CITY-ST-ZIP	MIAMI FL		MIAMI, FL 33178	
TITLE	V	[ ] DELETE		[ ] Change [ ] Addition
NAME	MEDEROS, OSCAR J.			
STREET ADDRESS	12721 SW 93 ST.			
CITY-ST-ZIP	MIAMI FL			
TITLE		[ ] DELETE		[ ] Change [ ] Addition
NAME				
STREET ADDRESS				
CITY-ST-ZIP				
TITLE		[ ] DELETE		[ ] Change [ ] Addition
NAME				
STREET ADDRESS				
CITY-ST-ZIP				
TITLE		[ ] DELETE		[ ] Change [ ] Addition
NAME				
STREET ADDRESS				
CITY-ST-ZIP				

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this report is accurate and that, for profit corporations, the mandatory fee required by Section 607.193, Florida Statutes, is enclosed. I further certify that the information indicated on this report or supplemental 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 with an indication that I am an officer or director with respect to this report.

SIGNATURE: _____ 4/15/96 (305) 594-3908

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — TELEPHONE NUMBER