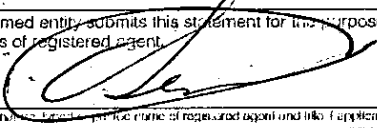
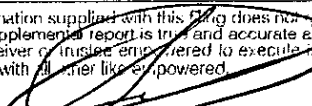


FILED
Apr 24, 2003 8:00 am
Secretary of State

04-24-2003 90217 030 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 372474			
1. Entity Name O.H. AUTO PARTS CORP.			
2. Principal Place of Business 2595 NW 27 AVENUE		3. Mailing Address SAME	
Suite, Apt. #, etc. -----		Suite, Apt. #, etc. -----	
City & State MIAMI, FLORIDA		City & State -----	
Zip 33142	Country USA	Zip -----	Country -----
4. FEI Number 59-1307336		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
7. Name and Address of Current Registered Agent			
Name ORLANDO HERNANDEZ			
Street Address (P.O. Box Number is Not Acceptable) 2595 NW 27 AVE.			
City MIAMI FL Zip Code 33142			
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE  (NOTE: Registered Agent signature required when registering)			
January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT ORLANDO HERNANDEZ 2595 NW 27 AVE MIAMI, FL 33142	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE-PRESIDENT PIEDAD HERNANDEZ 3635 E. 2 AVE HIALEAH, FL 33013	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
12. 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 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 10 or on an attachment with an address, with all other like empowered.			
SIGNATURE: 		ORLANDO HERNANDEZ	
4/21/03		(305) 635 9654	

CR2E034B (12/02)