

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

**FILED**  
**Mar 16, 1999 8:00 am**  
**Secretary of State**

03-16-1999 90111 009 \*\*\*150.00

|                                                       |                                                                                   |                                                                                                           |
|-------------------------------------------------------|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|
| PROFIT<br>CORPORATION<br>ANNUAL REPORT<br><b>1998</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|-------------------------------------------------------|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|

DOCUMENT # **395913**  
1. Corporation Name  
**Community Auto Parts, Inc.**

Principal Place of Business  
**51 E. 10th Ave**  
**Hialeah, FL 33010**

Mailing Address  
**Same**

DO NOT WRITE IN THIS SPACE

|                                |                         |                                                                                                                                                                           |  |                                                       |  |
|--------------------------------|-------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------|--|
| 2. Principal Place of Business |                         | 2a. Mailing Address                                                                                                                                                       |  | 3. Date incorporated or first filed<br><b>2-15-72</b> |  |
| 21. State, Apt. #, etc.        | 26. State, Apt. #, etc. | 4. FEI Number<br><b>59-1374394</b>                                                                                                                                        |  | Applied For<br>Not Applicable                         |  |
| 22. City & State               | 27. City & State        | 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                                 |  | <b>\$8.75</b> Additional Fee Required                 |  |
| 23. Zip                        | 28. Zip                 | 6. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/>                                                                                        |  | <b>\$5.00</b> May Be Added to Fees                    |  |
| 24. Country                    | 29. Country             | 8. This corporation owes or has paid the current year Intangible<br>Personal Property Tax due June 30 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |                                                       |  |

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**Cervero, Raymond**  
**51 E. 10th Ave**  
**Hialeah, FL 33010**

|                                                        |              |
|--------------------------------------------------------|--------------|
| 81. Name                                               | 85. Zip Code |
| 82. Street Address (P.O. Box Number is Not Acceptable) |              |
| 83. City                                               |              |
| 84. State                                              | <b>FL</b>    |

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, am familiar with, and accept the obligations in Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_

|                            |                                 |                                                       |                                                                   |
|----------------------------|---------------------------------|-------------------------------------------------------|-------------------------------------------------------------------|
| 12. OFFICERS AND DIRECTORS |                                 | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |                                                                   |
| 1. TITLE                   | <input type="checkbox"/> DELETE | 1. TITLE                                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2. NAME                    |                                 | 2. NAME                                               |                                                                   |
| 3. STREET ADDRESS          |                                 | 3. STREET ADDRESS                                     |                                                                   |
| 4. CITY, ST, ZIP           |                                 | 4. CITY, ST, ZIP                                      |                                                                   |
| 5. TITLE                   | <input type="checkbox"/> DELETE | 5. TITLE                                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6. NAME                    |                                 | 6. NAME                                               |                                                                   |
| 7. STREET ADDRESS          |                                 | 7. STREET ADDRESS                                     |                                                                   |
| 8. CITY, ST, ZIP           |                                 | 8. CITY, ST, ZIP                                      |                                                                   |
| 9. TITLE                   | <input type="checkbox"/> DELETE | 9. TITLE                                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 10. NAME                   |                                 | 10. NAME                                              |                                                                   |
| 11. STREET ADDRESS         |                                 | 11. STREET ADDRESS                                    |                                                                   |
| 12. CITY, ST, ZIP          |                                 | 12. CITY, ST, ZIP                                     |                                                                   |
| 13. TITLE                  | <input type="checkbox"/> DELETE | 13. TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 14. NAME                   |                                 | 14. NAME                                              |                                                                   |
| 15. STREET ADDRESS         |                                 | 15. STREET ADDRESS                                    |                                                                   |
| 16. CITY, ST, ZIP          |                                 | 16. CITY, ST, ZIP                                     |                                                                   |

14. I hereby certify that the information submitted on this filing does not violate any law or regulation contained in Section 419.07(3)(g), Florida Statutes. I further certify that the information and documents submitted on this filing are true and accurate and that my signature shall have the same legal effect as the signature of the individual named in Block 1, 2, or Block 13. I understand that the officer or trustee empowered to make this filing is required by Chapter 607, Florida Statutes, and that my name appears in Block 1, 2, or Block 13.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Raymond Cervero**

CR2E034 (10/97)