Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90148 022 ***158.75

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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 398042

R & M A	NUTO PARTS, INC	- .					
Principal Place of Business Mailing Address					1 100100 (11) 8 16:81 (611) 64151 6101 (410) arett		
18313 N.W. 42N MIAMI FL 3305	··	18313 N.W. 42ND AVENUE Miami FL 33055-3023			DO NOT WRITE	IN THE CRACE	
					DO NOT WRITE I	N I HIS SPACE	
					3. Date Incorporated or Qualifed 03/24/1972		
Principal Place of Business 2a. Mailing Address			.,		4. FEI Number	A	pplied For
21		26		5	<u> 59-1384633</u>		ot Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc. 22 27					5. Certificate of Status Desired	X .	Additional equired
	City & State City & State				Election Campaign Financing Trust Fund Contribution	- 11	
Zip	Country Zip		Country		8. This corporation owes the current year Intangible		
24	25 29		30		Personal Property Tax.		No
	9. Name and Address of Curre	ent Registered Agent			10. Name and Address of New Reg	istered Agent	
HOYOS, AURELIANO F 14235 SABAL DR MIAMI LAKES FL 33014				Name			
				Street Addr	ress (P.O. Box Number is Not Acceptable)	
		.					
			84	City		FL 85 Zip	Code
11. Pursuant office or r agent. I a	im familiar with, and accept the oblig	gations of, Section 607.0505, Flor	ioa Statute	s. 	oration submits this statement for the pur on's board of directors. I hereby accept the	pose of changing its ne appointment as re	s registered egistered
12.	Signature, typed or printed name of registered agent and title if applicable. (NOTE OFFICERS AND DIRECTORS		Registered Agent signature require 13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	579	[] pricts	1,1 TITLE	$\overline{}$	7,001,101,010,011,1020,10 01,110	☐ Change	
NAME	HOYOS, AURELIANO F		1.2 NAME			-	
	14235 SABAL DR		1.3 STREET ADDRESS				
STREET ADDRESS	MIAMI LAKES FL			j			
CITY-ST-ZIP	VSD DELETE		1.4 CITY-:	51-ZIP		Change	☐ Addition
TITLE	100		2.2 NAME				_
NAME	HOYOS, ANA MARIA						
" STREET ADDRESS			2.3 STREET ADDRESS		•	•	٦.
CITY-ST-ZIP	MIAMI LAKES FL		2.4 CITY-ST-ZIP			[7] Change	Addition
TITLE		☐ DETE LE	3.1 TITLE 3.2 NAME			□ Siarige	
NAME	1						
STREET ADDRESS	TADDRESS .		3.3 STREET ADDRESS				
CITY-ST-ZIP	_	——	3.4, CITY-	ST-ZIP			□ Additor
TITLE	ţ	☐ D€LETE	4.1 TITLE	1		☐ Change	Addition
NAME			4. 2 NAME				
l	1 '		4.2 CTDE	T ADDDCCC			

6.4 CITY-ST-ZIP CITY-ST-ZIP 14. 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 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapped, or on an attachment with an address, with all other like empowered.

4.4 CITY-ST-ZIP

5.3 STREET ADDRESS

6.3 STREET ADDRESS

54 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

6.1 TITLE

62 NAME

SIGNATURE:

CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

TITLE

NAME

TITLE

NAME

☐ DELETE

DELETE

Change

☐ Change

☐ Addition

Addition