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

PROFIT

May 11 1998 8:00am CORPORATION Sandra B. Mortham **ANNUAL REPORT** Secretary of State Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # 463328 (5)HAVANA AUTO PARTS.INC. Principal Place of Business Mailing Address 444 E. SUGARLAND HWY. 444 E. SUGARLAND HWY. **CLEWISTON FL 33440-3126 CLEWISTON FL 33440-3126** DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 11/07/1974 2. Principal Place of Business 2a, Mailing Address 4. FEI Number Applied For 21 59-1577810 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 6. Certificate of Status Desired 22 Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Zip Country 8. This corporation owes or has paid the current year Intangible 24 25 Personal Property Tax due June 30. 29 30 ☐ Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name SANCHEZ, JUAN E. 414 WEST OBISPO ST. Street Address (P.O. Box Number is Not Acceptable) **CLEWISTON FL** 83 84 City 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** Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE TITLE 11 TITLE Change Addition NAME SANCHEZ, JUAN E 1.2 NAME 414 W OBISPO ST. STREET ADDRESS 1.3 STREET ADDRESS **CLEWISTON FL** CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE TITLE 2.1 TITLE Addition NAME SANCHEZ, MARIA C. 2.2 NAME STREET ADDRESS 414 W OBISPO ST. 2.3 STREET ADDRESS **CLEWISTON FL** CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE 3.1 TITLE Change Addition SANCHEZ, JUAN P. NAME 3.2 NAME 414 W OBISPO ST. STREET ADDRESS 3.3 STREET ADDRESS **CLEWISTON FL** CITY - ST - ZIP 34. CITY-ST-ZIP DELETE TITLE Addition NAME 4 2 NAME STREET ADDRESS 43 STREET ADDRESS CITY - ST - ZIP 4.4 City - St - ZiP DELETE TITLE 51 TITLE ☐ Change Addition NAME 5.2 NAME STREET ADDRESS **5.3 STREET ADDRESS** CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE TITLE 6.1 THILE ☐ Change Addition NAME 6.2 NAME STREET ADDRESS **6.3 STREET ADORESS** CITY-ST-ZIP 6.4 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 changed, or on an attachment with an address.

ELORIDA DEPARTMENT OF STATE

FILED