

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **497804** (5)

1. Corporation Name
HEAVY TRUCK PARTS, INC.



Principal Place of Business: **3290 N.W. 36TH STREET MIAMI FL 33142-5036**
Mailing Address: **3290 N.W. 36TH STREET MIAMI FL 33142-5036**

3. Date incorporated or Qualified: **03/01/1976** 3a. Date of Last Report: **04/26/1995**
4. FEI Number: **59-1673981** 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. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21. Suite, Apt. #, etc.: 22. City & State: 23. Zip: 24. Country: 25. Mailing Address: 26. Suite, Apt. #, etc.: 27. City & State: 28. Zip: 29. Country: 30.

9. Name and Address of Current Registered Agent

**KATO, GIRALDO F.
3290 N.W. 36TH STREET
MIAMI FL**

10. Name and Address of New Registered Agent

81. Name: 82. Street Address (P.O. Box Number is Not Acceptable): 83. City: 84. State: **FL** 85. Zip Code:

11. Pursuant to the provisions of Sections 607.0602 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, hereby accept the appointment as registered agent, I am familiar with, and accept the obligations of, Section 607.0605, Florida Statutes.

SIGNATURE

Signature of the person who is authorized to execute this statement on behalf of the corporation (Date)

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	SUAREZ, JOSE A.	
STREET ADDRESS	10751 SW 38 ST	
CITY-STATE-ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	VINAS, DANIEL	
STREET ADDRESS	1301 S.W. 84 CT.	
CITY-STATE-ZIP	MIAMI FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	KATO, GIRALDO F.	
STREET ADDRESS	4431 S.W. 3 ST.	
CITY-STATE-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. NAME	
13. STREET ADDRESS	
14. CITY-STATE-ZIP	
21. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME	
23. STREET ADDRESS	
24. CITY-STATE-ZIP	
31. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32. NAME	
33. STREET ADDRESS	
34. CITY-STATE-ZIP	
41. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42. NAME	
43. STREET ADDRESS	
44. CITY-STATE-ZIP	
51. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52. NAME	
53. STREET ADDRESS	
54. CITY-STATE-ZIP	
61. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62. NAME	
63. STREET ADDRESS	
64. CITY-STATE-ZIP	

14. I do hereby certify that the information supplied on this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.043(a), Florida Statutes. I further certify that the information indicated on this annual report or statement of 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 trustee 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 omitted, attached with an address.

SIGNATURE: *[Signature]*

GIRALDO F. KATO 3-23-96 (305) 634-8589

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)