

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 24 AM 9:28

DOCUMENT # 535167 (1)

1. Corporation Name

KA NATIONAL PARTS DISTRIBUTORS INC.
NEW NAME: COASTAL TEST EQUIPMENT, INC.

Principal Place of Business

Mailing Address

13465 NORTHEAST 17TH AVENUE
NORTH MIAMI FL 33181

13465 NORTHEAST 17TH AVENUE
NORTH MIAMI FL 33181

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

05/04/1977

3a. Date of Last Report

02/08/1994

2. Principal Place of Business

2a. Mailing Address

21 13463 NORTHEAST 17TH AVENUE
Suite, Apt. #, etc.

26 13463 NORTHEAST 17TH AVE
Suite, Apt. #, etc.

4. FEI Number

59-1740427

Applied For

Not Applicable

22 City & State

23 N. MIAMI, FLORIDA

24 33181

25 USA

27 City & State

28 N. MIAMI, FLORIDA

29 33181

30 USA

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MORGANSTERN, ESTA
13465 NORTHEAST 17TH AVENUE
NORTH MIAMI FL 33181

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 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)

DATE

12. OFFICERS AND DIRECTORS

TITLE P
NAME KAY, JOSEPH M
STREET ADDRESS 13465 NORTHEAST 17TH AVE
CITY-ST-ZIP NORTH MIAMI FL

TITLE ST
NAME MORGANSTERN, ESTA
STREET ADDRESS 13465 NORTHEAST 17TH AVE
CITY-ST-ZIP NORTH MIAMI FL

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS 13463 NORTHEAST 17TH AVENUE
1.4 CITY-ST-ZIP

2.1 TITLE Change Addition
2.2 NAME ST
2.3 STREET ADDRESS KAY, JOSEPH M.
2.4 CITY-ST-ZIP 13463 NORTHEAST 17TH AVENUE
NORTH MIAMI, FLORIDA 33181

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13, if changed, or on an attachment with an address.

SIGNATURE:

Joseph M. Kay

JOSEPH M. KAY

1/19/95

305/891-2440