May 06, 1999 8:00 am Secretary of State

05-06-1999 90164 005 ***150.00

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 # 681481

1. Corporation Name

AMERICAN GENUINE AUTO-TRUCK PARTS, INC.

Principal Place	ST 3400 CORAL WAY 600 MIAMI FL 33145 US Ce of Business							1 100110 Dife Ibiel Hell Dibet Ibiel If	II B ibli Uli	III HIBII BII	ii dian didii ibdi	
2777 NW 54TH		34	100 CORAL WAY									
MIAMI FL 33142			777				DO NOT WRITE IN THIS SPACE					
US							3. Date Incorporated or Qualifed					
		U.	•				ı	08/08/1980				
2. Principal Pl	ace of Business	2a	. Mailing Address					FEI Number		\Box	Applied For	
21			26					59-2027867			Not Applicable	
Suite, Apt. #, etc.			Suite, Apt. #, etc.				Certificate of Status Desired		\$8.75	Additional		
22	property of	27			-		J.	Certificate of Status Desired		: : Fee	Required	
City & State			¬ '				ı	Election Campaign Financing			0 May Be	
23							Trust Fund Contribution Added to Fees					
Zîp	["""]	Ь	_	_	try		1	This corporation owes the current y		ngible Ves	□No	
24				0				Personal Property Tax. Name and Address of New Regis				
	9. Name and Address of Curren	t Regi:	stered Agent	8	31	Name	10.	Haine and Address of New Negra	, tolou /	gont		
DIAZ	, JUSTO L.											
	CORAL WAY, STE 3600			8	32	Street Addres	ss (P.	O. Box Number is Not Acceptable)				
	AI FL 33145-3053			1	33							
	•			L	4					7		
				8	34	City			FL	85 Zi	p Code	
11. Pursuant i	to the provisions of Sections 607.0502	2 and 6	307.1508, Florida Statutes	, the abo	ove	-named corpor	ation	submits this statement for the purp	ose of c	hanging	its registered	
office or re	egistered agent, or both, in the State of	of Flori	da. Such change was autl	norized (oy t	the corporation	's bo	ard of directors. I hereby accept the	appoin	tment as	registered	
•	n familiar with, and accept the obligat	10113 01	i, 5000011 007.0303, 1 long	id Otaldi	03.							
SIGNATURE	Signature, typed or printed name of registered agen	t and title	if applicable (NOTE: R	egistered A	gent	t signature required v		-	ATE			
12.	OFFICERS AN	D DIR		13.			A	ADDITIONS/CHANGES TO OFFICE	RS AND			
TITLE	PD		☐ DELETE	1.1 TITLI	E					Chang	e	
NAME				1 2 NAM	Ε							
STREET ADDRESS				13 STR	EET.	AODRESS						
CITY-ST-ZIP						-ZiP				- Chan	. C Addition	
TITLE	•								Chang	e		
NAME				1								
STREET ADDRESS	•			2.3 STREET ADDRESS								
CITY-ST-ZIP					2. 4 CITY- ST- ZIP 3.1 TITLE				· ·-	Chang	e Addition	
TITLE				3.7 111LI								
NAME	DIAZ, MARIA CARMEN	1				ADDDESS						
STREET ADDRESS				I .		ADDRESS						
CITY-ST-ZIP TITLE	MIAMI FL 33142 S			3.4. CITY 4.1 TITLI		1- ¢IF				Chang	e	
NAME	MELENDI, RUTH			4, 2 NAN						•		
STREET ADDRESS	2777 N.W. 54TH STREET					ADDRESS						
CITY-ST-ZIP	at a trace and		4.4 CITY		ŧ							
TITLE			☐ DELETE	5.1 TITL						Chang	e Addition	
NAME				5.2 NAM	E							
STREET ADDRESS				5.3 STREE		ADDRESS						
CITY-ST-ZIP				5.4 CITY	-ST	-ZIP						
TITLE			☐ DELETE	6.1 TITLI	E					☐ Chang	e 🗌 Addition	
NAME				6.2 NAM	E							
STREET ADORESS				6.3 STR	EET.	ADDRESS						
CITY-ST-ZIP				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 of 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, with all other like empowered.

SIGNATURE: