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

PROFIT CORPORATION ANNUAL REPORT

1996



FLOR:DA DEPARTMENT OF STATE
Sandra B. Mortnam
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name

F49409

(8)

PACHECO DISCOUNT AUTO PARTS, INC.

Principal Place of Business Maling Address

534 E. 9TH ST.

BALEAU EL 2000



534 E. 9TH ST. HIALEAH FL 33010		534 E. 9TH ST. Hialeah Fl 33010					
					3. Date Incorporated or Qualified 10/12/1981	3a. Date of Last F	
2. Principal Plac	ce of Business	2a. Mailing Address			4. FEI Number		Applied Far
21		26			59-2135645		Not Applicable
Suite, Apt. #,	etc.	Suite, Apt #, etc	27		5. Certificate of Status Desired		5 Additional Required
City & State		City & State	·		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip	Country	Zip	Country		8. This corporation has liability for in		
24	25	29	30		Florida Statutes XX Yes		
	9. Name and Address of Co	urrent Registered Agent			10. Name and Address of New Re	egistered Agent	
			8	1 Name			
PACHECO, JOSE F. 6880 WINGEDFOOT DR. MIAMI FL			8	82 Street Address (P.O. Box Number is Not Acceptable)			
			8	3			
			8	1		— 5 I I	p Code
		0502 and 607.1508, Florida Statuti Florida. Such change was authoriz Soction 607.0505, Florida Statutes		named corpo poration's bo	oration submits this statement for the purp and of directors. Thereby accept the appo		registered office d agent. I am
SIGNATURE Synatore types or production is of registered agent and struct anyonable (IEEE Registeres Agent signature requires when remodating) DATE							
12.	OFFICERS	S AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC		
THILE	P	DELFTE	1 1 1 1 1 1 1			Criange	Add tion
NAME	PACHECO, JOSE F		1.2 NAM6				
STHEEL ADDRESS 6880 WINGEDFOOT DR.			1.3 STREET ADDRESS				[8
CITY - ST - ZIP	MIAMI FL			ST-ZIP			[
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NAME	PACHECO, MIRIAM 6880 WINGEDFOOT DR. MIAMI FL						
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CITY-ST-7IP				ST ZIP			
TITLE	V DELETE				☐ Change ☐ Addition		
NAME	PACHECO, JOSEPH					El swargs	
STREET ADDRESS	6880 WINGEDFOOT DR.			ET ADDRESS			
CITY - ST - 2IP	MIAMI FL			ST-ZiP			
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NAME			6 2 NAME			□ cuange	Addition
STREET ADDRESS				F ADORESS			
CITY-S1-ZIP							}
	certify that the information suppl	led with this filma is voluntarily furni	64 CI*Y -	oc not ovalify	for the everythen statud in Costing 110.0	7000 6 11 6	

14. Too hereby ceruly that the information supplied with this firing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(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 logal effect as if made under oath; that I am an officer or director of the corporation or the receiver or that set in provinged in 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 without paddress.

SIGNATURE: JoseF. Pacheco

SIGNATURE AND TYPED OR PRINTED NAME OF STANKING OFFICER ON DIRECTOR

3/26/96

4.30.96