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

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F69777

(3)

Mailing Address

FREEPORT AUTO SUPPLIES, INC.

FILED Apr 22 1997 8:00am Secretary of State

Daytime Pisone 4

|--|--|--|

C/O SIDNEY EFRONSON		2250 SW THIRD AVE SUITE 1 C/O SIDNEY EFRONSON MIAMI FL 33129-2063						
				 Date Incorporated or Qualified 03/05/1982 	3a. Date of Last Report 04/10/1996			
2. Principal Pl	ace of Business	2a. Mailing Address		4. FEI Number	Applied For			
21]		26		59-2163038	Not Applicable			
Suite, Apt	#, etc	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional			
22		27		G. Dominate of Database Dominate	Fee Required			
City & State)	City & State		6. Election Campaign Financing	\$5.00 May Be			
23		28		Trust Fund Contribution	Added to Fees			
Zip 24	Country 25	Zip 30	Country	8. This corporation has liability for in Florida Statutes	ntangible tax under s. 199.032, Yes 🔣 No			
Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent								
EFRONSON, SIDNEY 81 Name								
2250	SW THIRD AVE SUITI	E 100	82 Street Add	Address (P.O. Box Number is Not Acceptable)				
MIAN	AI FL 33129		oli doli ridd	stood (1.10. Don Harriso) is Hot Mosephani	ν'			
			83					
			84 6		Teel 7in Code			
			84 City		FL 85 Zip Code			
11 Pursuant to the provisions of Sections 607 0502 and 607 1508. Florida Statutes, the above-pamed corporation submits this statement for the purpose of changing its registered.								
office or re	caistored agent, or both,	in the State of Florida. Such change was autl	horized by the corpora	ation's board of directors. I hereby accep	t the appointment as registered			
	agent flam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.							
SIGNATURE	Sand-hore tened or payout name of	fregistered agent and time if applicable (NOTE: B	egistered Agent signatura regu	ured when reinstating)	DATE			
12.		ICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFIC				
INLE	PDS	DELETE	1.1 TITLE		Change Addition			
NAME	LOPEZ, EMILIO JR		1.2 NAME		1			
STREET ADORESS	2250 SW THIRD AVE	#100	1.3 STREET ADDRESS					
CITY-ST ZIP	MIAMI FL		1.4 CITY - ST - ZIP					
1-111		☐ DELETE	2.1 TITLE		Change Addition			
NAME:			2.2 NAME					
			2.3 STREET ADDRESS					
STREET ADDRESS								
CHY-ST-ZIP		☐ DELETE	2.4 City - SV - ZIP 3.1 Title		Change Addition			
THE		L_ OLLEGE			Or unge Rudonon			
NAMí			3 2 NAME	•				
STREET ADDRESS			3.3 STREET ADDRESS					
COY-SI 7-P		DELETE	3.4. CiTY-ST-ZiP		Change Addition			
TITLE		LI velete	4.1 TITLE		Change Addition			
NAME			4. 2 NAME					
STREET ACODRESS			4 3 STREET ADDRESS					
CHY 51-76*			4 4 CITY-ST-ZIP					
1 7-111		☐ DELETE	51 TITLE		Change Addition			
NAME			5.2 NAME					
STREET ADDRESS			53 STREET ADDRESS	4				
C0Y-\$1-72			54 CITY-SY-ZIP					
FILE		☐ DELET€	61 TITLE		Change Maddition			
NAME			62 NAME					
STREET ACIONESS			6.3 STREET ADDRESS					
CCY-SI-7P			64 CITY-ST-ZIP					
	ov certify that the informat	tion supplied with this filing does not quality f		ed in Section 119.07(3)(i). Florida Statutes	s. I further certify that the			

information indicated on this annual report of 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 they cover or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Black 12 or Black 13 if chapter 607 an attachment with an address.

SIGNATURE: