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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(8)

HEAVY FOLLIPMENT AND PARTS INC

FILED
May 06 1998 8:00am
Secretary of State

HEAVI	EQUIFIVI	ENI AND PARIS	, INO.					
Principal Place of Business				Mailing Address				i teating iris iman Abian stiff athen ikit nette aftit dibit beter dibit albit (128:
4471 NW 36TH ST. SUITE 200A MIAMI FL 33166			S	4471 NW 36TH ST. Suite 200A Miami Fl 33166				DO NOT WRITE IN THIS SPACE
US			U	\$				3. Date Incorporated or Qualified
								03/09/1982
2. Principal P	1ace of Bus	ness	<u> </u>	, Mailing Address				4. FEI Number Applied For
Suite, Apt. #, etc.				Suite, Apt. #, etc.				59-2229650 Not Applicable \$8.75 Additional
22				27				5. Certificate of Status Desired Fee Regulred
City & State				City & State				6. Election Campaign Financing \$5.00 May Be
23				28				Trust Fund Contribution Added to Fees
Zip					Co	untry		8. This corporation owes or has paid the current year Intangible
24	25 29 30			30			Personal Property Tax due June 30. Yes No	
	g. Name	and Address of Cur	rent Regis	itered Agent		-		10. Name and Address of New Registered Agent
		DELFIN A				81	Name	
		ST UNIT 509-E		82			Street A	Address (P.O. Box Number is Not Acceptable)
j Mila	MI FL 331	20				83		
1						84	City	85 Zip Code
							·	FL []
11. Pursuant to the provisions of Soctions 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, Notes	d or printed name of registered	accept and take	d enclicable (NC	TF Register	nd Age	ot signature	e required when reinstating) DATE
12.	Giginature, 19970	OFFICERS.			13.		a it of greators	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12_
TITLE	PTV			DELETE	1.1 7	ITLE	1	☐ Change ☐ Addition
NAME	HERNAI	NDEZ, DELFIN A			1.21	AME	ì	
STREET ADDRESS	4471 N\	N 36TH ST #200-A			1.3 5	TREET	ADDRESS	
CITY-ST-ZIP	MIAMI S	PRINGS, FL 00000			1.4 (HTY-S	T-ZIP	
TITLE				☐ DELETE	2.11	ITLE		☐ Change ☐ Addition
NAME					2.21	IAME	1	
STREET ADDRESS					2.3 9	STREET	ADDRESS	
CITY-ST-ZIP				Document		CITY-S	ST-ZIP	
TITLE				☐ DELETE	3.1 1		1	Change Addition
NAME PROFEST ADORSON						MME	4000000	
STREET ADORESS							ADDRESS	
CITY-ST-ZIP TITLE				DELETE	3.4. 4.1.1	CITY - S	51 - ZIP	Change Addition
NAME				- Joseph	- 1	NAME	1	
STREET ADDRESS							ADDRESS	ļ
CITY-ST-ZIP						HTY-SI		
TITLE				DELETE	5.11			Change Addition
NAME						IAME	ľ	
STREET ADDRESS							ADDRESS	
CITY-ST-ZIP					5.40	ity-s	T-ZIP	
TITLE	· · · · · · · · · · · · · · · · · · ·			DELETE		ITLE	j	☐ Change ☐ Addition
NAME					621	IAME	ļ	
STREET ADDRESS					6.3 5	TREET	ADDRESS	
CITY-ST-ZIP					6.4 (CITY-\$1	T - 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 eath, that I am an officer or director of the corporation or 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.