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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham Secretary of State

	1996						
1. Corporat		(-/)	The state of the s			
SWE	EETWATER AUTO PARTS COR	RP.			. 188111 84(1 218)6 (1881 118)8 (18	·	
Principal Pia	ace of Business	Mailing Address					
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MIAMI FL	33174	MIAMI FL 33174	51., 51E, 114				
	·				3. Date Incorporated or Qualified 06/02/1983	3a. Date of	•
2. Principal F	Place of Business	2a. Mailing Address		~	4. FEI Number	UZ/U	07/1995 Applied For
Suite, Apt	ot. #. etc.	Suite, Apt. #, etc.		······································	59-2293328		Not Applicable
22		Suite, Apt. #, etc.			5. Certificate of Status Desired	□ \$	8.75 Additional
City & Star	ate	City & State			6. Election Campaign Financing		Fee Required
23 Zip	Country	28 Zip			Trust Fund Contribution		\$5.00 May Be Added to Fees
24	25	29	Gount 30	try	8. This corporation has liability for it. Florida Statutes Yes	nlangible tax ur	nder s 199.032,
	9. Name and Address of Current	Registered Agent			Florida Statutes Yes 10. Name and Address of New R	No Notered Age	
OAAII7	na in		8	11 Name		38191010-	nt
	'ARES, JORGE W. FLAGLER ST. #114		8:	2 Street Addr	dress (P.O. Box Number is Not Acceptable	ei	
SWEET	W. FLAGLER ST. #114 TWATER FL 33174		83			<u>-</u>	· · · · · · · · · · · · · · · · · · ·
	(Willem La Gott)			<u></u>			
. D	200 0000		84	1		FL 85	5 Zip Code
11 Paris	. to the provisions of Sections 607.0502.2	and 607,1508. Florida Statu	ton the of				
Or registe.	ared agent, or both, in the State of Florida	Such change was authorize	ries, the above	named corpor	ration submits this statement for the pun:	ose of changin	a its registered office
	t to the provisions of Sections 607.0502 a ered agent, or both, in the State of Florida vith, and accept the obligations of, Section	 Such change was authori, n 607.0505, Florida Statute; 	zed by the cor, s.	named corpor poration's boar	ration submits tris statement for the purp and of directors. I hereby accept the appoint	ose of changin intrient as regis	ig its registered office stered agent. I am
SIGNATURE	Signature, typed or printed name of registered agent an	nd title it appricable (No.					ig its registered office stered agent. I am
SIGNATURE	Signature, typed or printed name of registored agent an OFFICERS AND I	nd title it applicable (NO DIRECTORS	OTE Registered Age	and signature required	id where reasoning	DÁTÉ	
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