

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

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Mar 18 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **G49328** (9)  
1. Corporation Name  
**EQUIPARTS SUPPLY, INC.**



Principal Place of Business <b>C/O LUIS J. RIVERO 2845 S.W. 69TH COURT MIAMI FL 33155</b>	Mailing Address <b>C/O LUIS J. RIVERO 2845 S.W. 69TH COURT MIAMI FL 33155-2829</b>
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>07/08/1983</b>	3a. Date of Last Report <b>10/25/1996</b>
21. State, Apt. #, etc.	26. State, Apt. #, etc.	4. FEI Number <b>59-2301878</b>		Applied For <input type="checkbox"/> Not Applicable	
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
24. Country	29. Country	30. Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>RIVERO, LUIS J 2845 SW 69 CT MIAMI FL 33155</b>		10. Name and Address of New Registered Agent	
81. Name		82. Street Address (P.O. Box Number is Not Acceptable)	
83. City		84. City	
85. Zip Code		85. Zip Code	

11. Pursuant to the provisions of Sections 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating.) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	
NAME	<b>GONZALEZ, VICTOR E.</b>	1.2 NAME	
STREET ADDRESS	<b>1855 SW 1 ST., #301</b>	1.3 STREET ADDRESS	
CITY, ST, ZIP	<b>MIAMI FL</b>	1.4 CITY - ST - ZIP	
TITLE	S	2.1 TITLE	
NAME	<b>GONZALEZ, MARCIA</b>	2.2 NAME	
STREET ADDRESS	<b>13933 SW 10 ST.</b>	2.3 STREET ADDRESS	
CITY, ST, ZIP	<b>MIAMI FL</b>	2.4 CITY - ST - ZIP	
TITLE	D	3.1 TITLE	
NAME	<b>RIVERO, LUIS J.</b>	3.2 NAME	
STREET ADDRESS	<b>2845 S.W. 69TH COURT</b>	3.3 STREET ADDRESS	
CITY, ST, ZIP	<b>MIAMI FL</b>	3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY, ST, ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY, ST, ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY, ST, ZIP		6.4 CITY - ST - ZIP	

14. I do 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 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.

SIGNATURE: *Marcia Gonzalez* 3/12/97  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/Mo/Yr

CR2E034 (9/96)