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

SIGNATURE:

FLORIDA DEPARTMENT OF STATE

Mar 13 1998 8:00am CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 **DOCUMENT #**1. Corporation Name (0)G97093 CV AUTO PARTS INC Principal Place of Business Mailing Address 2801 N.W. 22 AVE 2801 N.W. 22 AVE MIAMI FL 33142 MIAMI FL 33142 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 03/19/1984 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 59-2410828 Not Applicable Suite, Apt. #, etc. Suite, Apt. #. etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State \$5.00 May Be City & State 6. Election Campaign Financing 23 Trust Fund Contribution Added to Fees 28 Zip Country Country 8. This corporation owes or has paid the current year Intangible 25 29 30 Personal Property Tax due June 30. □ No 24 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name VILLARREAL, CARLOS M. 3920 N.W. 9TH ST. 82 Street Address (P.O. Box Number is Not Acceptable) MIAMI FL 83 City 84 85 Zip Code 11. Pursuant to the provisio office or registered age 1508. Florida Stations, the above-named corporation submits this statement for the purpose of changing its registered Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered Section 607.0505, Plorida Statutes. SIGNATURE (NOTE Registered Agent signature required when reinstating) 12 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DELETE 1.1 TITLE Change Addition VILLARREAL, CARLOS M. NAME 12 NAME CR2E034 3920 N.W. 9TH ST. STREET ADDRESS 1.3 STREET ADDRESS MIAMI FL 1.4 CITY - ST - ZIP CITY-ST-ZIP Change TITLE DELETE 2.1 TITLE Addition VILLARREAL, MARGARITA NAME 2.2 NAME 3920 N.W. 9TH ST STREET ADDRESS 2.3 STREET ADDRESS MIAM! FL CITY - ST - ZIP 2. 4 CITY - ST - ZIP DELETE Change Addition TIPLE 3 1 TITLE NAME 3.2 NAME STREET ADDRESS 3 3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 JITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY - ST - ZIP DELETE TITLE 5.1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5 3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition TITLE 61 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 City-St-ZiP 14. Thereby cortify 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 office or director of the corporation of the receiver or trusted 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 of the receiver or trusted annual report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changing any many placetiment with all addressy

FILED

B-5-98 633-3937