

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

FILED  
Sep 09 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # G98639 (9)

1. Corporation Name

TRANSWORLD PARTS, INC.

Principal Place of Business

2530 N.W. 30 ST.  
MIAMI FL 33142

Mailing Address

2530 N.W. 30 ST.  
MIAMI FL 33142

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/17/1984

4. FEI Number

59-2405921

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

8. This corporation owes or has paid the current year intangible  
Personal Property Tax due June 30.

☒

Yes

☐

No

2. Principal Place of Business

21 5401 SW 135 Avenue

Suite, Apt. #, etc.

22

City & State

23 Ft. Lauderdale, FL 33330

24

Zip

Country

US

2a. Mailing Address

26 5401 SW 135 Avenue

Suite, Apt. #, etc.

27

City & State

28 Ft. Lauderdale, FL 33330

29

Zip

Country

US

9. Name and Address of Current Registered Agent

OJEDA, ALEJANDRO  
2530 NW 30 ST  
MIAMI FL 33142

10. Name and Address of New Registered Agent

81 Name

Karen S. Leopold, Esq.

82

Street Address (P.O. Box Number is Not Acceptable)

c/o Leopold & Leopold, P.A.

83

20801 Biscayne Blvd., Suite 501

84

City

Aventura

FL

85

Zip Code

33180

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

Signature, typed or printed name of registered agent and title if applicable

Karen S. Leopold

(NOTE: Registered Agent signature required when reinstating)

Sept. 1, 1998

DATE

12. OFFICERS AND DIRECTORS

1.1 TITLE ☒ DELETE

NAME  
VST  
RIGUAL, ALBERTO  
STREET ADDRESS  
281 NW 61 AVE  
CITY- ST- ZIP  
MIAMI FL

1.2 TITLE ☒ DELETE

NAME  
PD  
OJEDA, ALEJANDRO M.  
STREET ADDRESS  
2530 NW 30 ST  
CITY- ST- ZIP  
MIAMI FL

1.3 TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY- ST- ZIP

1.4 TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY- ST- ZIP

1.5 TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY- ST- ZIP

1.6 TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY- ST- ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

12 NAME  
PTD  
Joseph A. Ojeda  
13 STREET ADDRESS  
5401 SW 135th Avenue  
14 CITY- ST- ZIP  
Ft. Lauderdale, FL 33330

2.1 TITLE ☒ Change ☐ Addition

22 NAME  
VSD  
Margot Rigual  
23 STREET ADDRESS  
281 NW 61st Avenue  
24 CITY- ST- ZIP  
Miami, FL

3.1 TITLE ☐ Change ☐ Addition

32 NAME  
33 STREET ADDRESS  
34 CITY- ST- ZIP

4.1 TITLE ☐ Change ☐ Addition

42 NAME  
43 STREET ADDRESS  
44 CITY- ST- ZIP

5.1 TITLE ☐ Change ☐ Addition

52 NAME  
100002635431  
53 STREET ADDRESS  
-09/09/98--01059--026  
54 CITY- ST- ZIP  
\*\*\*8.75

6.1 TITLE ☐ Change ☐ Addition

62 NAME  
100002635431  
63 STREET ADDRESS  
-09/09/98--01059--025  
64 CITY- ST- ZIP  
\*\*\*550.00

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 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

*Joseph A. Ojeda*

Joseph A. Ojeda 9/1/98 954-454-6225

CR2E034 (10/97)