

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # H57430

(1)

1. Corporation Name

SOUTHEAST AUTOMOTIVE PRODUCTS, INC.

Principal Place of Business

5301 NORTHWEST 2ND AVENUE
MIAMI FL 33127

Mailing Address

5301 NORTHWEST 2ND AVENUE
MIAMI FL 33127

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

05/16/1985

3a. Date of Last Report

05/01/1994

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

59-2542918

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under § 195.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

B1 Name

GABRIEL REINER

B2 Street Address (P.O. Box Number is Not Acceptable)

5301 NW 2AVE.

B3

B4 City

MIAMI

FL

B5 Zip Code

33127

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

Gabriel Reiner PRES.

(NOTE: Registered Agent signature required when reappointing)

DATE

5-11-95

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

D

NAME

ALVARO, DIAZ

STREET ADDRESS

5301 NORTHWEST 2ND AVE.

CITY - ST - ZIP

MIAMI FL

TITLE

PD

NAME

REINER, GABRIEL

STREET ADDRESS

5301 NORTHWEST 2ND AVE.

CITY - ST - ZIP

MIAMI FL

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

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NAME

STREET ADDRESS

CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated in 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: *X Gabriel Reiner PRES.* GABRIEL REINER

4-26-95

305-751-1077

BIOGRAPHIC AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(Date)

Telephone Number