

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 AM 9:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **H73366** (7)

1. Corporation Name
FLORIDA ELECTRIC PARTS EXPORT, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business: **4680 N. W. 69 AVENUE MIAMI FL 33166-5609**
Mailing Address: **4680 N. W. 69 AVENUE MIAMI FL 33166-5609**

3. Date Incorporated or Qualified: **08/24/1985**
3a. Date of Last Report: **04/07/1994**

2. Firm, public, or individual: 21	2a. Mailing Address: 26	4. FEI Number: 59-2579990	Applied for Not Applicable
22. State Apt # etc.	27. State Apt # etc.	5. Certificate of Status Desired: <input type="checkbox"/>	\$8.75 Additional Fee Required
23. City & state	28. City & State	6. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/>	\$5.00 May Be Added to Fees
24. Zip	25. County	29. Zip	30. Country
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent		
ALCAZAR, JUANITA C. 4680 N.W. 69 AVE. MIAMI FL 33166		81. Name:		
		82. Street Address (P.O. Box Number is Not Acceptable):		
		83.		
		84. City:	FL	85. Zip Code:

11. Pursuant to the provisions of Sections 607.0501 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: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12:	
11. TITLE	D	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. NAME	ALCAZAR, JORGE F.	2. NAME	
13. STREET ADDRESS	3511 NW 19TH TERR	3. STREET ADDRESS	
14. CITY, ST, ZIP	MIAMI FL	4. CITY, ST, ZIP	
11. TITLE	D	5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. NAME	ALCAZAR, JUANITA C.	6. NAME	
13. STREET ADDRESS	3511 NW 19TH TERR	7. STREET ADDRESS	
14. CITY, ST, ZIP	MIAMI FL	8. CITY, ST, ZIP	
11. TITLE		9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. NAME		10. NAME	
13. STREET ADDRESS		11. STREET ADDRESS	
14. CITY, ST, ZIP		12. CITY, ST, ZIP	
11. TITLE		13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. NAME		14. NAME	
13. STREET ADDRESS		15. STREET ADDRESS	
14. CITY, ST, ZIP		16. CITY, ST, ZIP	
11. TITLE		17. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. NAME		18. NAME	
13. STREET ADDRESS		19. STREET ADDRESS	
14. CITY, ST, ZIP		20. CITY, ST, ZIP	

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 607.0501, Florida Statutes. I further certify that the information included 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 of the business of the corporation reported to on this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 1, on Form 1001, filed or to be filed with an address.

SIGNATURE: *Juanita C. Alcazar*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/1995 592-1711