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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

FILED Feb 21, 1999 8:00 am Secretary of State

02-21-1999 90041 032 ***150.00

<u>. 1981-199 (1980-1984) (1889-1890) (1890-1984) (1981-1984) (1984-1984) (1984-1984) (1984-1984) (1984-1984) (1984-1984) (1984-1984) (1984-1984) (1984-1984) (1984-1984) (1984-1984) (1984-1984) (1984-1984) (1984-1984) (1984-1984) (1984-1984) (1984-1984) (1984-1984) (1984-1984) (1984-1984) (1984-1984) (1984-1984) (1984-1984) (1984-1984) (1984-1984) (1984-1984) (1984-1984) (1984-1984) (1984-1984) (1984-1984) (1984-1984) (1984-1984) (1984-1984) (1984-1984) (1984-1984) (1984-1984) (1984-1984) (1984-1984) (1984-1984) (1984-1984) (1984-1984) (1984-1984) (1984-1984) (1984-1984) (1984-1984) (1984-1984) (1984-1984) (1984-1984) (1984-1984) (1984-1984) (1984-1984) (1984-1984) (1984-1984) (1984-1984) (1984-1984) (1984-1984) (1984-1984) (1984-1984) (1984-1984) (1984-1984) (1984-1984) (1984-1984) (1984-1984) (1984-1984) (1984-1984) (1984-1984) (1984-1984) (1984-1984) (1984-1984) (1984-1984) (1984-1984) (1984-1984) (1984-1984) (1984-1984) (1984-1984) (1984-1984) (1984-1984) (1984-1984) (1984-1984) (1984-1984) (1984-1984) (1984-1984) (1984-1984) (1984-1984) (1984-1984) (1984-1984) (1984-1984) (1984-1984) (1984-1984) (1984-1984) (1984-1984) (1984-1984) (1984-1984) (1984-1984) (1984-1984) (1984</u>

DOCUMENT # K27925 1. Corporation Name

ALL TRACTOR PARTS & SERVICES, INC.

								
rincipal Plac	e of Business	Mailing Address						
000 NW 31 S	Т	8000 NW 31 ST						
UITE #16					DO NOT WRITE	DO NOT WRITE IN THIS SPACE		
IAMI FL 33122 MIAMI FL 33122					3. Date Incorporated or Qualifed			
					The second sec			
Delegiant F	None of Business	On Mailing Address			07/01/1988 4. FEI Number	TAN	plied For	
Principal Place of Business 2a. Mailing Address					I			
Cuita Ant	# ata	Suita Apt # ata			65-0064106		t Applicable	
Suite, Apt. #, etc Suite, Apt. #, etc.					5. Certificate of Status Desired	\$8.75 A		
City & Stat	10	City & State						
City & State City & State			te .		6. Election Campaign Financing	_ \$5.00 ⊩ Added to		
i	Country	Zip	Coun		Trust Fund Contribution		0 1 003	
Zip. I	· ,	<u> </u>	30	u y	8. This corporation owes the current		□No	
	25	129	[30]		Personal Property Tax. 10. Name and Address of New Reg			
	9. Name and Address of Curren	t Registered Agent		31 Name		Istalan Walit		
VALI	NES PAREDT I		[Name	•			
VALDES, ROBERT J. 9801 COSTA DEL SO BLVD			Ī	32 Street	ddress (P.O. Box Number is Not Acceptable)			
			1					
MAR	MI FL 33178			33				
			<u> </u>	34 City		85 Zip C	Code	
				J. J.		FL S E		
7	Signature, typed or printed name of registered ager OFFICERS AN	D DIRECTORS (NO		gent signature	required when reinstating) ADDITIONS/CHANGES TO OFFICE	ERS AND DIRECTOR	RS IN 12	
2.	, 		13.		ADDITIONS/CHANGES TO OFFICE	ERS AND DIRECTOR	RS IN 12	
	DP	☐ DELETE	1.1 TITL		VALORE PORFOT T). (El cuande	[] Addition	
-	VALDES, ROBERT J.		1.2 NAM		CO21 AND 13TH PLACE			
I ADDRESS				EET ADDRESS	MIAMI, FL. 33178			
ST-ZIP	MIAMI FL			-ST-ZIP	MIAMITEL, 33170		ET Addition	
	DST	☐ DELETE	2.1 TITL		·	☐ Change	Addition Addition	
	VALDES, MIRTHA		2.2 NAM	E				
** I ADDRESS	2310 S.W. 26TH STREET		2.3 STR	EET ADDRESS				
ST ZIP	MIAMI FL		2.4 CIT	(-ST-ZIP				
	VP	☐ DELETE	3.1 TITL	E	VP	Change	Addition	
-	AZPIRI, ALEJANDRO		3.2 NAM	E	AZPIRI, ALEJANDRO			
HANNESS	723 E 36 ST		3.3 STR	EET ADORESS	IIII NW 125H PATH.			
··· ST-ZIP	HIALEAH FL		3.4. CIT	/-ST-ZIP	MIAMI FL 33182			
_		☐ DELETE	4.1 TITL	E		☐ Change	Addition Addition	
_			4. 2 NAM	4E				
· :_ I ADDRLSS			4.3 STR	EET ADORESS	;			
ST-ZIP			4.4 CITY	-ST-ZIP				
		☐ DELETE	5.1 TTL	Ē		☐ Change	Addition	
_			5.2 NAM	E				
I ATRINESS!			5.3 STR	ET ADDRESS	;			
ST-ZIP	ĺ		5.4 CITY	-ST-ZIP				
		☐ DELETE	6.1 TTTL	<u> </u>		☐ Change	Addition	
	l .		-					
i			6.2 NAM	E				

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, with all other like empowered.

----ATURE:

ST-ZIP

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

CR2F034 /11/98