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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997
DOCUMENT # K30214

(6)

GENERAL TRUCK PARTS & SUPPLIES, INC.

| Procinal Pace of Business Mailing Addrage  |  |  |                                 |                     |  |                             |                        |
|--|--|--|---------------------------------|---------------------|--|-----------------------------|------------------------|
| Principal Place of Business         Mailing Address           7388 NW 72 AVE         7388 NW 72 AVE           MIAMI FL 33166         MIAMI FL 33166-2431 |  |  |                                 |                     |  |                             |                        |
|  |  |  |                                 |                     | 3. Date Incorporated or Qualified 08/04/1988   | 3a. Date of Last 04/17/1996 |                        |
|  | ace of Business  | 2a. Mailing Address                                      |                                 |                     | 4. FEI Number  | <b>⊢</b>                    | Applied For            |
| 21   | M. cha   | 26 Suite Act # etc                                       |                                 |                     | 65-0065632   |                             | Not Applicable         |
| Suite, Apt :   |  | Suite, Apt. #, etc.                                      |                                 |                     | 5. Certificate of Status Desired   | Fee                         | Additional<br>Required |
| City & State   | '  | City & State   |                                 |                     | Election Campaign Financing     Trust Fund Contribution  | [mm]                        | O May Be<br>d to Fees  |
| Ζφ   | Country  | Zip  | Country                         | <del></del>         | 8. This corporation has liability for it   |                             |                        |
| 24   | 25   | 29   | 30                              |                     |  | Yes 🕍 No                    |                        |
|  | 9. Name and Address of Current R   | egistered Agent  |                                 | ,                   | 10. Name and Address of New Re   | istered Agent               |                        |
|  | INOSA, HECTOR  |  | 81                              | Name                |  |                             | •                      |
|  | 29 NW 10TH STREET  |  | 82                              | Street Add          | ress (P.O. Box Number is Not Acceptab  | e)                          | •                      |
| MIAI   | VII FL 33182   |  | -                               | ····-               |  |                             |                        |
|  |  |  | 83                              | j                   |  |                             |                        |
|  |  |  | 84                              | City                | Majorina   | B5 Zi                       | p Code                 |
|  |  |  |                                 |                     | poration submits this statement for the p  | FL   C                      |                        |
| office or n<br>agent. Fai<br>SIGNATURE   | egistered agent, or both, in the State of<br>in familiar with, and accept the obligation | Florida Such change was<br>ns of, Section 607.0505, F    | authorized by<br>Torida Statute | the corpora         | tion's board of directors. I hereby accep  | t the appointment           | as registered          |
|  | Sognative Expession productinance of registered age it as                                |  |                                 | ent signature requi | recl when reinstating)   | DATE                        |                        |
| 12.  | OFFICERS AND D   |  | 13.                             |                     | ADDITIONS/CHANGES TO OFFIC   |                             |                        |
| TITLE  | PD ANDO  | [_] DELETE   | 1.1 TITLE                       |                     |  | Chang                       | e L Addition           |
| NAME   | VINAS, ROLANDO<br>3712 S.W. 132ND PL.  |  | 1.2 NAME                        |                     |  |                             |                        |
| SPREET ADDRESS   | MIAMI FL   |  | - 1                             | ADDRESS             |  |                             |                        |
| CHEY - \$1 - 7/P   | 10 TO  | DELETE   | 1.4 City-5                      | T-ZIP               |  | Chang                       | e Addition             |
| TITLE  | ESPINOSA, JOSE M.  | L) butte   | 2.1 TITLE                       |                     |  | L_J Cliang                  | > L. Mudition          |
| NAMC   | 4481 SW 138 CT   |  | 2.2 NAME                        | Inneces             | •  |                             |                        |
| STREET ADDRESS   | MIAMI FL   |  | 2.3 STREET                      |                     | - '\$  |                             |                        |
| CITY-S ZIP   | SD   | DELETE   | 2.4 CITY-<br>3.1 TITLE          | 81-ZIP              |  | Change                      | e 🔲 Addition           |
| NAME   | ESPINOSA, HECTOR   |  | 3.2 NAME                        |                     |  | <u></u>                     |                        |
| STREET ADDRESS   | 13229 NW 10TH STREET   |  | 33 STREET                       | ADDRESS             |  |                             |                        |
| CITY ST-ZIP  | MIAMI FL   |  | 3.4. CITY-                      | 1                   |  |                             |                        |
| TILE   |  | DELETE   | 4.1 TITLE                       | J1 Zn               |  | Change                      | e Addition             |
| BAVE   |  |  | 4. 2 NAME                       |                     |  |                             |                        |
| STREET ADDRESS.  |  |  | 4.3 STREET                      | ADDRESS             | •  |                             |                        |
| City - S1 - 7iP  |  |  | 4.4 CITY - S                    | ST-ZIP              |  |                             |                        |
| Titif  |  | DELETE   | 5.1 TITLE                       |                     |  | ☐ Chang                     | e 🔲 Addition           |
| NAME   |  |  | 52 NAME                         |                     |  |                             |                        |
| STREET ADDRESS   |  |  | 5.3 STREET                      | ADDRESS             |  |                             |                        |
| CHY S1-70P   |  |  | 5.4 CITY - S                    | ST-ZIP              |  | ····                        |                        |
| TITLE  |  | DELETE   | 6.1 TITLE                       |                     |  | Change                      | e 🔲 Addition           |
| NAM:   |  |  | 6.2 NAME                        | )                   |  |                             |                        |
| STREET ADDRESS   |  |  | 6.3 STREET                      | ADDRESS             | •  |                             |                        |
| CHY-SE ZIP   |  |  | 6.4 CITY - 9                    |                     |  |                             |                        |
| informatio<br>Lancari of   | n indicated on this annual report or sup-  | plemental annual report is<br>e receiver or trustee empo | true and acci<br>wered to exec  | trate and the       | d in Section 119.07(3)(i), Florida Statutes<br>t my signature shall have the same lega<br>rt as required by Chapter 607, Florida S | effect as if made :         | under oath: tha        |

SIGNATURE

IGNANGRE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

4-1/97 Date

(305)888-020C

**FILED** 

Apr 15 1997 8:00am

Secretary of State