PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # K87701

1. Corporation Name

ELECTRO AUTO PARTS, INC.

	-					B
Principal Place	e of Business	Mailing Address			1 (85151) 201 (511) (521) (931) 45141 (61 61 61	w.a
4729 NW 72 AV	VE	4729 NW 72 AVE				
MIAMI FL 33166		MIAMI FL 33166			DO NOT WRITE IN THIS SPACE	
US		US			3. Date Incorporated or Qualifed	10 01 AOL
A D: : 10		O- Marilian Address			05/12/1989 4. FEI Number	Applied For
	lace of Business	2a. Mailing Address			1 · 1	Not Applicable
21		26 Suite Ast # etc			65-0123655	\$8.75_Additional_
Suite, Apt. #, etc.		27 Suite, Apr. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	Fee Required
City & Stat	e	City & State			6. Election Campaign Financing	\$5.00 May Be
23		28			Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Coun	try	8. This corporation owes the current year	Intangible
24	25 29 30		30	Personal Property Tax. ☐ Yes ☐ No		
5-1	9. Name and Address of Currer	nt Registered Agent	<u> </u>		10. Name and Address of New Registere	d Agent
				31 Name	· ———	
BAR	OUH, PERERA & ASSOCIATES		ļ.	82 Street Address (P.O. Box Number is Not Acceptable)		
464	SANDRENGE SON SHIPE SOC,	9260 S.W. 725	<i>7.</i> ['	Sureet Add	uiesa (P.O. DOX Number la NOI Acceptable)	
SIA18	· · · · · · · · · · · · · · · · · · ·		1	33		
MIM	WELVESTER	SUITE 206 MIANOFL 33173	ے د			
		17/10/10/12 -0/- /2		34 City	F	85 Zip Code
		00 and 007 4500 Florido Statuto	- the eb		. <u></u>	
office or r	egistered agent, or both, in the State	e of Florida. Such change was au	ithorized l	by the corporat	rporation submits this statement for the purpose tion's board of directors. I hereby accept the app	ointment as registered
agent. I a	m familiar with, and accept the obliga	ations of, Section 607.0505, Flori	ida Statut	es.		
SIGNATURE					ired when reinstating) DATE	
42	Signature, typed or printed name of registered age		13.	gent signature requi	ired when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12
12.	DP OFFICERS AF	ND DIRECTORS DELETE	1.1 TITL	<u> </u>	ADDITIONS/GITANGED TO GIT IGENC	☐ Change ☐ Addition
TITLE						
NAME	LATUFF CHORGE NAD 4729 NW 72 AVE)ER	1.2 NAM			
STREET ADDRESS				EET ADDRESS		
CITY-ST-ZIP	MIAMI FL			'-ST-ZIP	· · · · · · · · · · · · · · · · · · ·	Change Addition
TITLE	Mr. Ti	☐ DELETE	2,1 TITL	E		☐ Change ☐ Addition
NAME	LATUFF, GEOLIGE II		2.2 NAM	E		
STREET ADDRESS	47% mm 12 H.E.		2.3 STR	EET ADDRESS		
CITY-ST-ZIP	MAN EL BETTO		2.4 CIT	Y-ST-ZIP	AND THE RESERVE TO THE PROPERTY OF THE PROPERT	
TITLE		☐ DELETE	3.1 TITL	E		Change Addition
NAME			3.2 NAM	E		
STREET ADORESS			3.3 STR	EET ADORESS		
CITY-ST-ZIP			3.4. CIT	Y-ST-ZIP		
TITLE		☐ DELETE	4.1 TITL			Change Addition
NAME			4. 2 NA	ME		
STREET ADDRESS				EET ADDRESS		
	·			-ST-ZIP		
TITLE	,	☐ DELETE	5.1 TITE			☐ Change ☐ Addition
			5.2 NAA			-
NAME				EET ADORESS		
STREET ADDRESS				-ST-ZIP		
CITY-ST-ZIP		☐ DELETE	6.1 TITL			Change Addition
TITLE A	5 J 18 3					C occurso C Manufalls
NAME	1: 1		6.2 NAX	ľ		
STREET ADDRESS			6.3 STR	EET ADDRESS		

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, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

FILED Apr 14, 1999 8:00 am Secretary of State

04-14-1999 90109 002 ***150.00