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

PROFIT CORPORATION ANNUAL REPORT 1998 DOCUMENT # TRUCK & TRACTOR PARTS, INC. Principal Place of Business % EDUARDO NASCO 6930 NW 84TH AVE. MIAMI FL 33166 2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 25 **MIAMI FL 33166**

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FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

L14458

(8)

FILED Feb 03 1998 8:00am Secretary of State



Mailing Address % EDUARDO NASCO 6930 N.W. 84 AVE. MIAMI FL 33166 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 09/08/1989 2a. Mailing Address 4. FEI Number Applied For 26 65-0143174 Not Applicable Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 27 Fee Required City & State 6. Election Campaign Financing \$5.00 May Be 28 Trust Fund Contribution Added to Fees Country Country 8. This corporation owes or has paid the current year Intangible ☐ Yes Personal Property Tax due June 30. 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 NASCO, EDUARDO 6930 NW 84TH AVE 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 Zip Code 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 Signature, typed or printed name of registered agent and little if applicable (NOTE Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. TITLE DELETE 1.1 TITLE Change Addition NASCO, EDUARDO NAME 1.2 NAME R2E034 6930 N.W. 84TH AVE. STREET ADDRESS 1.3 STREET ADDRESS MIAMI FL 1.4 CITY-ST-ZIP CITY - ST - ZIP DELETE 2.1 TITLE Change Addition TITLE NAME 2.2 NAME 2.3 STREET ADDRESS STREET ADDRESS 2. 4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY - ST - ZIP 3.4, CITY-ST-ZIP DELETE ☐ Addition Channe TITLE 4.1 TITLE

6.4 CITY - ST- ZIP CITY - ST - ZIP 14. I hereby certify that the information supplied with this filling 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 truestee 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 alliar from with an address.

4.2 NAME 4.3 STREET ADDRESS

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME 6.3 STREET ADDRESS

DELETE

DELETE

4.4 CITY-ST-ZIP

5.3 STREET ADDRESS 5.4 CITY - ST-ZIP

SIGNATURE:

NAME

TITLE

NAME STREET ADDRESS

NAME

STREET ADDRESS

CITY-ST-ZIP

CITY - ST- ZIP TITLE

STREET ADDRESS

(305) 594-4656

Change

☐ Change

Addition

Addition