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

PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION ANNUAL REPORT 1998 DIVISION OF CORPORATIONS DOCUMENT # **AUTO CONNECTION FOREIGN PARTS, INC.**

FILED Mar 02 1998 8:00am Secretary of State

Principal Place of Business Mailing Address 12740 CAIRO LANE 12740 CAIRO LANE OPA LOCKA FL 33054 OPA LOCKA FL 33054 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 10/31/1989 2. Principal Place of Business 2a, Mailing Address 4. FEI Number Applied For 21 65-0169818 Not Applicable 26 Suite, Apt. #, etc. Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees Zip Zip Country Country 8. This corporation owes or has paid the current year Intangible 24 30 Personal Property Tax due June 30. Yes Yes □ No 25 28 10. Name and Address of New Registered Agent g. Name and Address of Current Registered Agent 81 Name RODRIGUEZ, FELIX I 5440 W. 21 COURT #207 Street Address (P.O. Box Number is Not Acceptable) HIALEAH FL 33016 83 84 City Zip Code 65 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 protect name of registered agent and title it applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. DELETE 1 1 TIT) F Change Addition TITLE RODRIGUEZ, FELIX I 1.2 NAME NAME 5440 WEST 21ST CT. #207 STREET ADDRESS 1.3 STREET ADDRESS HIALEAH FL 33016 1.4 CITY - ST - ZiP CITY-S1-ZIP ☐ Addition DELFTE Change TITLE 2.1 TITLE RODRIGUEZ, EGLYS 2.2 NAME 5440 W. 21ST CT. #207 STREET ADDRESS 23 STREET ADDRESS HIALEAH FL 33016 CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE Addition 3.1 TITLE TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADORESS 3.4. CITY - ST-ZIP CITY-ST-ZIP Addition DELETE Change 4 1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 City - ST - ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 54 CITY-ST-ZIP CITY-ST-ZIP DELETE ☐ Change Addition TITLE 6.1 TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP CITY-ST-ZIP

Sandra B. Mortham

Secretary of State

(4)

14. Thereby 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 suppliemental armort 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 truetee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if charged, or on an attachment with an address.

SIGNATURE

2-23-98 (305)681-6848