**PROFIT** CORPORATION ANNUAL REPORT 1999

AUTO CONNECTION FOREIGN PARTS, INC.

1. Corpora ion Name



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90156 005 \*\*\*158.75



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Principal Plac	e of Business	Mailing Address							•
12740 CAIRC L		12740 CAIRO LANE							
OPA LOCKA FL 33054		OPA LOCKA FL 33054				DO NOT WRIT	E IN THIS	SPACE	
					3. Date Incorporate	<del>_</del>			
					10/31/1989	oo o, acamea			
2 Principal P	lace of Business	2a. Mailing Address			4. FEI Number				op ied For
<del>-,</del> '		26			65-0169818			Not Applicable	
Suite, Apt.	# etc	Suite, Apt. #, etc.					<u> </u>		Aciditional
22	, •	27			5. Certifcate of Sta	itus Desired	×		equired
City & Stat	e —	City & State			6. Election Campa	ion Financino		\$5.00	May Be
23		28			Trust Fund Con				to Fees
Zip	Country	Zip	Cou	intry	8. This corporation	owes the curre	ent year In	angible	
24	25	29	30	•	Person il Propei		,	Yes	[]No
	9. Name and Address of Curren	_ +==	- 11		10. Name and Add	ress of New R	egistere l	Agent	
				81 Name	1, 7	1 - 11 -	11-7		
RCD	riguez, felix i			77	sidan nua	y MEN	WC Z		
5440	) W. 21 COURT #207			82 Street Ad	fress (P.O. Box Number	1s Northcepta	DIE)		
HIAL	EAH FL 33016			83					
				Hin	Lealt Fla	3301	<i>3</i>		
		1		84 City	-		FI.	85 Zip	Cc de
	to the provisions of Sections 607.050	0 CO7 1500 Florida Dint	ulan tha a	have pamed so	noration submits this sta	toment for the			registered
office or r	egistered agent, or bot 1, in the State	of Florida, Suich change was	authorized	i by the corpora	ion's board of directors.	I hereby accep	t the appoi	ntment as re	egistered
agent. I a	m familiar with, and accept the obliga	tions of, Sec <b>tion</b> 607.0505, Fi	lorida Stati	utes.					
SIGNATURIE	v/ loldan/ 1	idy I lend	<u> </u>				DATE		\
-	Signature, typed or printed nan e of registered ager		Registered	Agent signature requ	ADDITICNS/CHA	NGES TO OF		UD DIRECTO	ORS IN 12
12.	P OFFICERS AN	D DIRECTORS .	1.1 Ti	n c   .	ر			Change	Addition
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NAME	RODRIGUEZ, FELIX I		1.2 NA	WE /	0/1 7=0-30	Lever	-		
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NAME	RODRIGUEZ, EGLYS		2.2 N/						ļ
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CITY-ST-ZIP			5.4 CI	TY-ST-ZIP					
TITLE		☐ DELETE	6.1 TI	TLE				Change	Addition
NAME			62 N	AME				-	
CTREET ADDRES				REET ADDRESS					ļ

6.4 CITY-ST-ZIP CITY-ST-ZIP 14. I hereby certify that the information supplied with this fling 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 a mual report is true and accurate and that my signature shall have the same legal effect as if made uncer oath; that I am an officer or director of the corporation of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

305-(81-6448