

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 07, 1999 8:00 am
Secretary of State

04-07-1999 90034 029 ***150.00

DOCUMENT # L57598

1. Corporation Name
INTRA PARTS EXPORT INC.

Principal Place of Business
1652 SAND KEY CIRCLE
OVIEDO FL 32765
US

Mailing Address
49 ALAFAYA WOODS BLVD.. #199
OVIEDO FL 32765

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/12/1990

4. FEI Number

65-0182839

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

Yes No

2. Principal Place of Business

21 2814 OSPREY COVE PL

2a. Mailing Address

26 1342 E. VINE ST

Suite, Apt. #, etc.

22 104

Suite, Apt. #, etc.

27 247

City & State

23 KISSIMMEE FL

City & State

28 KISSIMMEE FL

Zip

24 34746

Country

Zip

29 34744

Country

30

9. Name and Address of Current Registered Agent

THIMANN, ROBERT E
1652 SAND KEY CIRCLE
OVIEDO FL 32765

10. Name and Address of New Registered Agent

81 Name

ROBERT E. THIMANN

82 Street Address (P.O. Box Number is Not Acceptable)

83 2814-104 OSPREY COVE PLACE

84 City

KISSIMMEE

FL

85 Zip Code

34746

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P
NAME THIMANN, ROBERT E
STREET ADDRESS 1652 SAND KEY CIRCLE
CITY-ST-ZIP OVIEDO FL 32765

TITLE P
NAME THIMANN, MARGARITA
STREET ADDRESS 1652 SAND KEY CIRCLE
CITY-ST-ZIP OVIEDO FL 32765

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P
1.2 NAME ROBERT E. THIMANN
1.3 STREET ADDRESS 2814-104 OSPREY COVE PLACE
1.4 CITY-ST-ZIP KISSIMMEE, FL 34746

2.1 TITLE V.P.
2.2 NAME MARGARITA THIMANN
2.3 STREET ADDRESS 2814-104 OSPREY COVE PLACE
2.4 CITY-ST-ZIP KISSIMMEE, FL 34746

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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.

SIGNATURE:

Robert E. Thimann

4/2/99

(407)943-8720

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)

0076786