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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## FILED Feb 23 1998 8:00am Secretary of State

DOCUMENT # L59667 (0) INDUSTRIAL PARTS & EQUIPMENT COMPANY													<b>iii 0.12</b> 41 1061
District District (District District Di									- 1 14000000 4800000000000000000000000000			III BIBALIBU	
Principal Place of Business Mailing Address													
C/O HECTOR DEJU C/O HECTOR DEJU 8249 N.W. 36 ST, SUITE 207 8249 N.W. 36 ST, SUITE 207										ļ			
8249 N.W. 36 51, SUITE 207   8249 N.W. 36 51, SUITE 2   MIAMI FL 33166   MIAMI FL 33166							07			DO NOT WRITE IN THIS SPACE			
										3. Date Incorporated or Qualified			
										03/20/1990			
2. P	Principal Place of Business				2a. Mailing Address					4. FEI Number		Aj	oplied For
21					26					65-0188090			ot Applicable
_	Suite, Apt. #, etc.			<u> </u>	Suite, Apt. #, etc.					5. Certificate of Status Desired		+	Additional
22					City & Parts								equired
	City & State				City & State					6. Election Campaign Financing			May Be
23 Z	p Country			28	Zip Cou			,	Trust Fund Contribution				to Fees
24	.,p	25			29 30				<ol> <li>This corporation owes or has per Personal Property Tax due June</li> </ol>			No langible	
		9. Name	and Address of Cu				, <u>,,,</u>	_		10. Name and Address of New Re			
DEJU, HECTOR								Name		onio Momo			
3690 N.W. 62ND STREET							92	Stroot	Anto	onio Vera	-To)		
MIAMI FL 33147							62	Street Address (P.D. Box Number is Not Ac			נטונ		
MICAMI ( L 9517)							83	····					
							84	Car					Codo
							64		4iar	ni.	FL	85 Zip	Code 147
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, t								e-named	corpo	ration submits this statement for the r	ourpose of	changing l	s registered
office or registered agent, or both, in the State of Florida. Such change was authorized by agent. I am familiar with and accept the obligations of, Section 607.0505, Florida Statutes.										in a board or directors. I hereby acce	ot toe appo	ointment as	registered
SIGNATURE - Intriu 811h 2-12-98													
		Signature, typod	or printed name of registere			(NOTE: I		ent signature	beniupes e	when reinstating)	DATE		
12.		60	OFFICERS	AND DIRE		NEI ETE	13.			ADDITIONS/CHANGES TO OFFIC	CERS AND		
TITLE		PD CHARE	י אורפא א		L.	DELETE	1.1 TITLE					Change	☐ Addition
NAME								1.2 NAME					ľ
	REET ADDRESS 3690 N.W. 62ND STREET IY-ST-ZIP MIAMI FL				4			1.3 STREET ADDRESS					Į.
TITLE	ST-ZIP	STD	<u>'L</u>	<del></del>	П	DELETE	1.4 CITY - S 2.1 TITLE	T-ZIP	-			Change	Addition
NAME			RANCISCO		٠.	)LULIE	2.1 ME					O'RENGO L	
			W. 62ND STREET					ADDOLCC					
	TY-ST-ZIP MIAMI FL							2.3 STREET ADDRESS 2. 4 CITY-ST-ZIP					
TITLE	31-ZIF	( <u>10</u> 1/2)1111 [	<u> </u>			DELETE	3.1 TULE	31-7IF	<del>                                     </del>			Change	☐ Addition
NAME							3.2 NAME						
	T ADDRESS						3.3 STREET	ADDRESS					
	ST-ZIP						3.4. CITY -						
TITLE				,		DELETE	4.1 TITLE		ļ	<del></del>		Change	Addition
NAME	j						4. 2 NAME						
	STREET ADDRESS				<u> </u>			AODRESS	1				1
CITY-:	CITY-ST-ZIP				4.4 C/IT			IT-ZIP					
TITLE						ELETE	5.1 TITLE					Change	Addition
NAME							5.2 NAME						
STREET	T ADDRESS						5.3 STREET	ADDRESS					
CITY-	ST-ZIP						5.4 CITY-S	T-ZIP					
TITLE						ELETE	6.1 TITLE					☐ Change	Addition
NAME							62 NAME		1				
STREE	T ADDRESS						6.3 STREET	ADDRESS					
	ST-ZIP						6.4 C/TY-S		L				
14.	hereby c	ertify that the	e information supplie	with this	tiling does no	t qualify for I	the exemp	tion state	ad in So	ection 119.07(3)(i), Florida Statutes. I	turther cer	trry that the	Information ]

4. 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 supplemental annual report is troe 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 of the eceiver 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 a statechment with an adoless.

CIONATUDE.

Tel. 13 98

305-477 604