

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

FILED
Mar 11 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # L73965 (0)
 1. Corporation Name
INDUSTRIAL TRUCK PARTS ENTERPRISES, INCORPORATED



Principal Place of Business: **7824 NW 66 ST. MIAMI FL 33166**
 Mailing Address: **7824 NW 66 ST. MIAMI FL 33166-2726**

3. Date Incorporated or Qualified: **05/16/1990**
 3a. Date of Last Report: **04/08/1996**
 4. FEI Number: **65-0198619**
 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 has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: **8600 N.W. 7084**
 2a. Mailing Address: **8600 N.W. 705T**
 22. City & State: **MIAMI FLA 33166**
 27. City & State: **MIAMI FLA 33166**
 24. Zip: **33166**
 25. Country: **USA**
 29. Zip: **33166**
 30. Country: **USA**

9. Name and Address of Current Registered Agent: **GARCIA-CARTAYA, RICARDO 7824 NW 66 ST. MIAMI FL 33166**
 10. Name and Address of New Registered Agent:
 81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City **FL** 85 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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GARCIA-CARTAYA, RICARDO	1.2 NAME	
STREET ADDRESS	13736 S.W. 9 TERR.	1.3 STREET ADDRESS	
CITY- ST- ZIP	MIAMI FL	1.4 CITY- ST- ZIP	
TITLE	ST <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARCIA-CARTAYA, RICARDO	2.2 NAME	
STREET ADDRESS	13736 S.W. 9 TERR.	2.3 STREET ADDRESS	
CITY- ST- ZIP	MIAMI FL	2.4 CITY- ST- ZIP	
TITLE	V <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GARCIA-CARTAYA, MARIA	3.2 NAME	
STREET ADDRESS	13736 S.W. 9 TERR.	3.3 STREET ADDRESS	
CITY- ST- ZIP	MIAMI FL	3.4 CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY- ST- ZIP		4.4 CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY- ST- ZIP		5.4 CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY- ST- ZIP		6.4 CITY- ST- ZIP	

14. I do 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 in an attachment with an address.

SIGNATURE: _____ **03/07/97**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)