FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

L82753

DOCU 1. Corporation	MENT # L827	53 (9)						
	HINERY & PARTS EXPORT	LTD., INC.						
Principal Place of Business Mailing Address						HO IIII DIBII DIBII DIDI	8	
2052 CROSSHAIR CIRCLE 2052 CROSS ORLANDO FL 32837-7407 ORLANDO FL								
			-		 Date Incorporated or Qualified 06/22/1990 	3a. Date of Las 04/20		
_2, Principa! Pt 21	ace of Business	2a. Mailing Address	iling Address		4. FEI Number Applied For			
Suite, Apt.	#, etc.	Suite, Apt. #, elc.	Suite, Apt. #, elc.		SR 75 Addition		Not Applicable	
22		27			5. Certificate of Status Desired	T	e Required	
City & State	e 	City & State	City & State		Election Campaign Financing Trust Fund Contribution		.00 May Be ded to Fees	
Zip 24	Country Z _{IP} 25 29		Country 30	Country 8. This corporation has liability for intangible tax in Florida Statutes Yes \[\] No		ntangible tax under		
	g. Name and Address of Currer				10. Name and Address of New Registered Agent			
			81	Name				
	LL, CLYDE E. Crosshair Circle		82	Street Addr	Address (P.O. Box Number is Not Acceptable)			
	NDO FL 32821		83					
			84	City		85	Zip Code	
11. Pursuant t	to the provisions of Sections 607,0502	and 607.1508. Florida Statut	es, the above-	named cornor	ation submits this statement for the cum	FL S	re registered off or	
or register familiar wit	ed agent, or both, in the State of Florid th, and accept the obligations of, Sect	da. Such change was authorized for the statutes for the s	ed by the corp	oration's boar	ation submits this statement for the purp d of directors. I hereby accept the appo	intment as register	ed agent. I am	
SIGNATURE _								
12.	Signature, typed or printed name of registered agent OFFICERS AN		OTE Registered Age	nt signature required	· · · · · · · · · · · · · · · · · · ·	DATE	7000	
TITLE	PD	DELETE	13.		ADDITIONS/CHANGES TO OFFI	CEHS AND DIFFEC		
NAME	DOMEN OLYDER		1.2 NAME			Chang	eAddition	
STREET ADDRESS	2052 CROSSHAIR CIRCLE		1.3 STREET	ADDRESS				
CITY-ST-ZIP	ODI ANDO EL		1.4 CiTY - S					
TITLE	DST			····		Chang	e Addition	
NAME	POWELL, CHERENE C. 22N		2.2 NAME			CJ %		
STREET ADDRESS	2052 CROSSHAIR CIRCLE			ADDRESS				
CHY-ST-ZiP	ORLANDO FL 24		2.4 CITY - 9	IT-ZIP				
TITLE	D	DELETE	3. 1 TITLE			Chang	e Addition	
NAME	POWELL, RICHARD M.		32 NAME					
STREET ADDRESS	PO BOX 750 N/A		3 3. STAEE	ADDRESS				
CITY-ST-ZIP	SPANISH TOWN JA		3.4 CITY - S	T-ZIP				
TITLE	0	☐ DELETE	4. 1 TITLE			Chang	e 🔲 Addition	
NAME	POWELL, HAZEL R		4.2 NAME					
STREET ADDRESS	P.O. BOX 750 N/A		4.3 STREET					
CiTY-ST-ZiP	SPANISH TOWN JA	(DELETE	4.4 CITY - S	T - ZIP				
TITLE NAME		☐ DELETE	5. 1 TITLE	-		☐ Chang	e [] Addition	
STREET ADDRESS			5.2 NAME	4000ccc				
CITY-ST-ZIP			5.3 STREET					
TITLE		54 C		1-2119	-	□ Change	a Addition	
NAME			6 1 TITLE 62 NAME			⊏ спаяф	e	
STREET ADDRESS			63 STREET	ADDRESS				
CITY - ST - ZIP			6.4 C(TY-S				ļ	
	certify that the information supplied y	ith this fline is an untail. for	0.4 0117-5	1-tir				

I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). 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 addings.

SIGNATURE:

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4.21.96 (407)248-3538

CR2E034 (12/95)