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

PROFIT CORPORATION ANNUAL REPORT

1997

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

FILED

Mar 06 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M10101

(7)

INTERNATIONAL TRACTOR PARTS, INC.

| Principal Plac C/O MR. JULK 510 SW 90TH MIAMI FL 3317 | O C. MEDRANO COURT | Mailing Address C/O MR. JULIO C. MEDRANO 510 SW 90TH COURT MIAMI FL 33174-2344 | | | |
|--|--|--|---------------------|---|---|
| | | | | 3. Date Incorporated or Qualifie 01/16/1985 | 3a. Date of Last Report 04/09/1996 |
| 21 | lace of Business | 2a. Mailing Address 26 | | 4. FEI Number 59-2493228 | Applied For Not Applicable |
| Suite, Apt 22 | #, etc. | Suite, Apt. #, etc. | , | 5. Certificate of Status Desired | \$8.75 Additional Fee Required |
| City & State 23 | e | City & State | | Election Campaign Financing Trust Fund Contribution | \$5.00 May Be Added to Fees |
| Zip 24 | Country 25 | Z _I p | Country 30 | This corporation has liability f Florida Statutes | or intangible tax under s. 199.032, |
| | Name and Address of Curre | ent Registered Agent | | 10. Name and Address of New | Registered Agent |
| | ons, richard W. | | 81 Name | | • |
| 1230 N.W. 7 ST. Miami Fl 33125 | | | 82 Street Add | ress (P.O. Box Number is Not Accep | able) |
| ***** | | | 83 | | |
| | | | 84 City | | FL 85 Zip Code |
| SIGNATURE | Sign to the second seco | ORNEHD ON | | | DATE CERS AND DIRECTORS IN 12 |
| Trile | P A I STREET | DELETE | 1.1 YOLE | ADDITIONS/CHANGES TO OF | Change Addition |
| NAME | MEDRANO, JULIO C. | | 1.2 NAME | | |
| STHEET ADDRESS | 510 SW 90TH COURT | | 1.3 STREET ADDRESS | | |
| Citr-St 2iP | MIAMI FL | | 1.4 CITY-ST-ZIP | | : |
| TITLE | ST | DELETE | 2.1 TITLE | | Change Addition |
| NAME | MEDRANO, JUANA G. | | 2.2 NAME | | |
| STREET ADDRESS | 510 SW 90TH COURT | | 2.3 STREET ADDRESS | | |
| 0(f) - S* - Z(f) | MIAMI FL | | 2.4 CITY+ST+ZIP | | |
| 1616 | | DELETE | 3.1 TITLE | | Change Addition |
| NAME | | | 3.2 NAME | | |
| STREE ACCRESS | | | 3.3 STREET ADDRESS | | |
| CHY-ST ZIP | | | 3.4. CHY-\$1-7P | | |
| Wit f | | L] DELETE | 4.1 TITLE | | Change Addition |
| N4ME | | | 4. 2 NAME | | |
| STREET ADDRESS | | | 4.3 STREET ADDRESS | | |
| CiTY+ST-70P | | Therese | 4.4 CITY - S1 - ZIP | | |
| TITLE] | | L_I DELETE | 5.1 TITLE | | Change Addition |
| NAME | | | 5.2 NAME | | |
| STHEE! ADDRESS | | | 5.3 STREET ADDRESS | | |
| City - S1 - ZIP | | Doriese | 5.4 CITY - ST - ZIP | h | |
| 11116 | | DELETE | 6.1 TITLE | | Change Addition |
| NAME | | | 6.2 NAME | | |
| STREET ADDRESS | | | 6.3 STREET ADDRESS | | |
| CITY 91 710 | | | # 4 CITY OF 2th | | |

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 of supplemental angular 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 of orector of the corporationar the receiver or truples empowered to execute this report as required by Charles 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed in or an officer of an address.