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Jun 15 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # M10101 1. Corporation Name: International Tractor Parts, Inc.			
Principal Place of Business: 510 SW 90th St. Miami, FL 33174		Mailing Address: 21 State, Apt. #, etc. 22 City & State 23 Zip 24 Country	
2. Principal Place of Business: 21 State, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address: 26 State, Apt. #, etc. 27 City & State 28 Zip 29 Country	
8. Name and Address of Current Registered Agent Lyons, Richard W. 1230 NW 7th St. Miami, FL 33125			
11. Pursuant to the provisions of Sections 607.0601 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, which 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 607.0605, Florida Statutes.			
SIGNATURE: _____			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. TITLE: President NAME: Julio Cesar Matrano STREET ADDRESS: 510 SW 90th St. CITY-STATE-ZIP: Miami, FL 33174		1.1 TITLE: _____ 1.2 NAME: _____ 1.3 STREET ADDRESS: _____ 1.4 CITY-STATE-ZIP: _____	
2. TITLE: Vice President NAME: Juan Hernandez Matrano STREET ADDRESS: 510 SW 90th St. CITY-STATE-ZIP: Miami, FL 33174		2.1 TITLE: _____ 2.2 NAME: _____ 2.3 STREET ADDRESS: _____ 2.4 CITY-STATE-ZIP: _____	
3. TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-STATE-ZIP: _____		3.1 TITLE: _____ 3.2 NAME: _____ 3.3 STREET ADDRESS: _____ 3.4 CITY-STATE-ZIP: _____	
4. TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-STATE-ZIP: _____		4.1 TITLE: _____ 4.2 NAME: _____ 4.3 STREET ADDRESS: _____ 4.4 CITY-STATE-ZIP: _____	
5. TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-STATE-ZIP: _____		5.1 TITLE: _____ 5.2 NAME: _____ 5.3 STREET ADDRESS: _____ 5.4 CITY-STATE-ZIP: _____	
6. TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-STATE-ZIP: _____		6.1 TITLE: _____ 6.2 NAME: _____ 6.3 STREET ADDRESS: _____ 6.4 CITY-STATE-ZIP: _____	
7. TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-STATE-ZIP: _____		7.1 TITLE: _____ 7.2 NAME: _____ 7.3 STREET ADDRESS: _____ 7.4 CITY-STATE-ZIP: _____	
14. I hereby certify that the information supplied with this filing does not constitute a violation of the exemption stated in Section 119.07(3)(g), Florida Statutes. I further certify that the information included on this filing is true and correct, 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 sole owner of the corporation, or have sole power to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12, or Block 13, in this filing, is true and correct.			
SIGNATURE: _____ SIGNATURE AND TYPE OF OFFICIAL PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		June 7/98 (305) 221-8738	

CR2E034 (10/97)