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Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # M15241 (6)

1. Corporation Name
J & P AUTO ELECTRIC, INC.

Principal Place of Business
K&P AUTO ELECTRIC, INC.
555 NW 29TH ST.
MIAMI FL 33127-0917

Mailing Address
J & P AUTO ELECTRIC, INC.
555 NW 29TH ST.
MIAMI FL 33127-0917



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 J & P AUTO ELECTRIC, INC		21 J & P AUTO ELECTRIC INC		05/09/1985	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		22		Applied For	
City & State		City & State		Not Applicable	
23		23		5. Certificate of Status Desired	
Zip		Zip		Country	
24		24		Country	
25		25		Country	
26		26		Country	
27		27		Country	
28		28		Country	
29		29		Country	
30		30		Country	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KARPEL, ALBERT
1800 BUREAU AVE
SUITE 900
MIAMI BEACH, FL 33139

81 Name ALBERT KARPEL
82 Street Address (P.O. Box Number is Not Acceptable)
555 N.W. 29TH STREET
83
84 City MIAMI FL 85 Zip Code 33127

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 _____ DATE 4/2/98
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	
NAME	KARPEL, ALBERT	1.2 NAME	
STREET ADDRESS	7302 S.W. 132ND PLACE	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	
NAME	KARPEL, MIGUEL	2.2 NAME	
STREET ADDRESS	1800 BUREAU AVE STE 900	2.3 STREET ADDRESS	1741 CLEVELAND ROAD
CITY-ST-ZIP	MIAMI BEACH FL 33139	2.4 CITY-ST-ZIP	MIAMI BEACH, FL 33141
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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 on an attachment with an address.

SIGNATURE: _____

3/16/98 (305) 573-4946

CR2E034 (10/97)