

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

CORPORATION ANNUAL REPORT 1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB -2 PM 2:23

DOCUMENT # **M19898 (9)**
1. Corporation Name
THREE J.J.J. AUTO & TRUCK PARTS CORPORATION

Principal Place of Business Mailing Address
#20 W. 29 STREET HIALEAH FL 33012-5702

DO NOT WRITE IN THIS SPACE.

3. Date incorporated or Qualified **08/26/1985** 3a. Date of Last Report **02/10/1994**

2. Principal Place of Business 2a. Mailing Address
21 **# 111 W 29 ST** 26 **# 111 W 29 ST**

22 Suite, Apt. #, etc. 27 Suite, Apt. #, etc.
23 **HIALEAH, FLA** 28 **HIALEAH - FLA**

24 **33012** 25 **DADE** 29 **33012** 30 **DADE**

4. FEI Number **59-2570960** 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

9. Name and Address of Current Registered Agent
**PACHECO, JUAN P.
20 W. 29 STREET
HIALEAH FL**

10. Name and Address of New Registered Agent
B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City **FL** B5 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|---------------------------|---|---|
| TITLE | DP | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | PACHECO, JUAN P. | 1.2 NAME | |
| STREET ADDRESS | 645 W. 18 STREET | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | HIALEAH FL | 1.4 CITY-ST-ZIP | |
| TITLE | D | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | PEREZ, JOSE M. | 2.2 NAME | |
| STREET ADDRESS | 349 E. 63 STREET | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | HIALEAH FL | 2.4 CITY-ST-ZIP | |
| TITLE | D | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | CRUZ, JULIO A. | 3.2 NAME | |
| STREET ADDRESS | 7841 ORLEAN STREET | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | MIRAMAR FL | 3.4 CITY-ST-ZIP | |
| TITLE | | 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 | | 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 | | 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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(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 007, Florida Statutes; and that my name appears in Block 2 of Block 13 if changed, or on an attachment with an address.

SIGNATURE:  **Jose M. Perez, Pres** 01/30/95 305-887-3199
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR