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

PROFIT CORPORATION ANNUAL REPORT

1996 3.



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

SOMOF CORPORATIONS

_	Corporation Name	#	IVI 19	898	(9
	THREE J.J.J.	AUTO	& TRUCK	PARTS	CORPORATIO

Principa! Place of Business

111 W. 29 ST HIALEAH FL 33012 Mailing Address

111 W. 29 ST HIALEAH FL 33012



	US		US				3. Date incorporated or Qualified 08/26/1985	1	of Last Report 2/02/1995
2.	Principal Place of Busin	ess	2a. Mailing Add	ress	•		4. FEI Number		Applied For
21			26				59-2570960		Not Applicable
22	Suite, Apt. #, etc.		Suite, Apt.	#, etc.			5. Certificate of Status Desired		\$8.75 Additional Fee Required
23	City & State		City & State	e			Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees
24	Zıp	Country 25	Zip 29	30 Cou	ntry		8. This corporation has liability for i	ntangible tax	unders 199.032,
	9, Nami	and Address of Cu	rrent Registered Agen	t			10. Name and Address of New R	egistered A	gent
	PACHECO, JUAN	Į P				Name Street Address	ss (P.O. Box Number is Not Acceptab	le\	
	20 W. 29 STREE					Street Adore	SS (F.O. BOX NOTIDE) IS NOT Acceptab		
	HIALEAH FL				83				
						City		FL	85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Fiorida 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

SIGNATURE	gnature, typed or printed name of registerest agent and	tric if appreciable (NC	TE. Flegistered Agent signature required wh	
2.	OFFICERS AND D	IRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
ITLE	DP	DELETE	1 1 TITLE	☐ Change ☐ Additio
iAME	PACHECO, JUAN P.		1.2 NAME	
STREET ADDRESS	645 W. 16 STREET		13 STREET ADDRESS	
CITY - ST - ZIP	HIALEAH FL		1.4 CITY - ST - ZIP	
ITLE	D	☐ DELETE	2 1 TITLE	☐ Change ☐ Addition
IAME	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	
IFLE	D	☐ DELETE	3. 1 TITLE	☐ Change ☐ Addition
IAME	CRUZ, JULIO A.		3 2 NAME	
STREET ADDRESS	7841 ORLEAN STREET		3.3 STREET ADDRESS	
CITY-ST-ZIP	MIRAMAR FL		3 4 CITY - ST - ZIF	
ITLE		☐ DELETE	4 1 TiTLE	☐ Change ☐ Addition
AME			4.2 NAME	
TREET ADDRESS			4.3 STREET ADDRESS	
HTY-ST-ZIP			4.4 CITY - ST- ZIP	
ITLE		☐ DELETE	5 1 TITLE	Change Addition
AME			5.2 NAME	
THEFT ADDRESS			5.3 STREET ADDRESS	
ITY-ST-ZIP			5.4 CITY-ST-ZIP	
TLE		DELE 1E	6 1 TITLE	☐ Change ☐ Addition
AME			6.2 NAME	
FREET ADDRESS			6.3 STREET ADDRESS	

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 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 address.

64 CITY - ST - ZIP

SIGNATURE:

CITY-ST-ZIP