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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # M19898 1. Corporation Name

THREE J.J.J. AUTO & TRUCK PARTS CORPORATION

22 Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Scattle Status Desired Status D	Applied For Not Applicable 8.75 Additional Fee Required
111 W. 29 ST	Applied For Not Applicable 8.75 Additional Fee Required
HIALEAH FL 33012 US DO NOT WRITE IN THIS SPACE	Applied For Not Applicable 8.75 Additional Fee Required
3. Date Incorporated or Qualifed 08/26/1985 2. Principal Place of Business 2a. Mailing Address 26 59-2570960 Not Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Red City & State City & State City & State Suite Incorporated or Qualifed 08/26/1985 4. FEI Number 59-2570960 Not South, Apt. #, etc. 5. Certificate of Status Desired Fee Red City & State Suite, Apt. #, etc. 5. Certificate of Status Desired Status	Applied For Not Applicable 8.75 Additional Fee Required
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23	Added to Fees
Zip Country Zip Country 8. This corporation owes the current year Intangible	ble
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9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent	<u>nt</u>
81 Name	
PACHECO, JUAN P. 82 Street Address (P.O. Box Number is Not Acceptable)	}
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84 City E1 85 Zip C	等。
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 representation of the purpose of changing its representation of the purpose of changing its representation of the purpose of changing its representation.	5 Zip Code
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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 or an attachment with an address, with all other like empowered. CITY-ST-ZIP

6.4 CITY-ST-ZIP

SIGNATURE

FILED

Feb 13, 1999 8:00 am Secretary of State

02-13-1999 90020 018 ***150.00