

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

CORPORATION  
ANNUAL REPORT  
**1995**



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 JAN 25 PM 1:24

**DOCUMENT # M25559**

(9)

1. Corporation Name

GUANE USED AUTO PARTS, INC.

Principal Place of Business

2200 N.W. 12 AVE.  
MIAMI FL 33127

Mailing Address

2200 N.W. 12 AVE.  
MIAMI FL 33127

2. Principal Place of Business

21

26. Mailing Address

26

Suite, Apt. #, etc.

22

Suite, Apt. #, etc.

27

City & State

23

City & State

28

Zip

24

Country

Zip

29

Country

30

9. Name and Address of Current Registered Agent

VICTORERO, JOSE M.  
2200 N.W. 12 AVE.  
MIAMI FL 33127

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number Is Not Acceptable)
83	
84	City
85	Zip Code

11. Pursuant to the provisions of Sections 807.0502 and 807.1508, 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 807.0505, Florida Statutes.

SIGNATURE

*Jose Victorero*

(NOTE: Registered Agent signature required when changing)

11/18/95

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VICTORERO, JOSE M.	12 NAME	
STREET ADDRESS	6545 S.W. 29 ST.	13 STREET ADDRESS	
CITY-SI-ZIP	MIAMI FL	14 CITY-SI-ZIP	
TITLE	SD	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VICTORERO, LUCIA	22 NAME	
STREET ADDRESS	6545 S.W. 29 ST.	23 STREET ADDRESS	
CITY-SI-ZIP	MIAMI FL	24 CITY-SI-ZIP	
TITLE	TD	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VICTORERO, JESUS M.	32 NAME	
STREET ADDRESS	6545 S.W. 29 ST.	33 STREET ADDRESS	
CITY-SI-ZIP	MIAMI FL	34 CITY-SI-ZIP	
TITLE		41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-SI-ZIP		44 CITY-SI-ZIP	
TITLE		51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-SI-ZIP		54 CITY-SI-ZIP	
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-SI-ZIP		64 CITY-SI-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(9)(b), 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 employed to execute this report as required by Chapter 807, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an asterisk.

SIGNATURE: *Jose Victorero*

11/18/95

Date / Taylor Printers / Taylor Printers