FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED

95 MAY -1 AM 4:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **M30863** (8)

1. Corporation Name

ALL FLORIDA AUTO PARTS INC.

Principal Place of Business:
560 NW 165 ST RD. SUITE 311
NORTH MIAMI FL 33169

Mailing Address:
P.O. BOX 693760
NORTH MIAMI FL 33269-0760
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 560 N.W. 165TH ST. RD.	2a. Mailing Address: P.O. BOX 693760
Suite, Apt. #, etc.:	Suite, Apt. #, etc.:
City & State: MIAMI, FL.	City & State: MIAMI, FL.
Zip: 33169	Zip: 33269-0760

3. Date Incorporated or Qualified: 04/22/1986
3a. Date of Last Report: 04/28/1994
4. FEI Number: 59-2663813 — 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 ... Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

FRAYND, PAUL
560 NW 165 ST RD, SUITE 311
NORTH MIAMI FL 33169

10. Name and Address of New Registered Agent

Name:
Street Address (P.O. Box Number is Not Acceptable):
City: FL Zip Code:

11. Pursuant to the provisions of ... 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 ... Florida Statutes.

SIGNATURE:

12. OFFICERS AND DIRECTORS

Title	Name	Street Address	City-St-Zip
PD	FRAYND, PAUL	560 NE 165 ST RD.	N. MIAMI FL
SD	FRAYND, SAUL	560 NW 165 ST RD	N. MIAMI FL
TD	ORNER, GLADYS	560 NW 165 ST RD	N MIAMI FL
VPD	SINGER, FANNY FRAYND	560 NW 165 ST RD	N MIAMI FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

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(1)(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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
PAUL FRAYND President

0208846 CP