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May 05 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # M30863 (8)
1. Corporation Name
ALL FLORIDA AUTO PARTS INC.



Principal Place of Business
580 N.W. 165 TH ST RD
MIAMI FL 33169
US

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

3. Date Incorporated or Qualified
04/22/1986

3a. Date of Last Report
04/24/1996

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 liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip
29 Country

9. Name and Address of Current Registered Agent

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

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
FL

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|----------------------|---|--|
| TITLE | PD | 1.1 TITLE | |
| NAME | FRAYND, PAUL | 1.2 NAME | |
| STREET ADDRESS | 580 NE 165 ST RD. | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | N. MIAMI FL | 1.4 CITY-ST-ZIP | |
| TITLE | SD | 2.1 TITLE | |
| NAME | FRAYND, SAUL | 2.2 NAME | |
| STREET ADDRESS | 580 NW 165 ST RD | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | N. MIAMI FL | 2.4 CITY-ST-ZIP | |
| TITLE | TD | 3.1 TITLE | |
| NAME | ORNER, GLADYS | 3.2 NAME | |
| STREET ADDRESS | 580 NW 165 ST RD | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | N MIAMI FL | 3.4 CITY-ST-ZIP | |
| TITLE | VPD | 4.1 TITLE | |
| NAME | SINGER, FANNY FRAYND | 4.2 NAME | |
| STREET ADDRESS | 580 NW 165 ST RD | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | N MIAMI FL | 4.4 CITY-ST-ZIP | |
| TITLE | | 5.1 TITLE | |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | | 6.1 TITLE | |
| 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 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 on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

4/24/97 (305) 945-9200

CR2E034 (9/96)