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1997 SEP 15 AM 9:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT



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

1997

DOCUMENT # M39151

1. Corporation Name
CONTINENTAL SUPPLY PARTS, INC.

Principal Place of Business
8552 NW 72 ST.
MIAMI, FL 33166

Mailing Address

3. Date Incorporated or Qualified
SEPT. 1986

3a. Date of Last Report
1996

4. FEI Number
59-2722102

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

21. 8552 NW 72 ST.

26. SAME

22. MIAMI, FL

27. MIAMI, FL

24. 33166 25. USA

29. 30. USA

9. Name and Address of Current Registered Agent

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

AVEL GONZALEZ
2688 SW 137 AVE
MIAMI FL 33175

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 I accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Avel Gonzalez 8/29/97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE DELETE

2. NAME

3. STREET ADDRESS

4. CITY - ST - ZIP

5. TITLE DELETE

6. NAME

7. STREET ADDRESS

8. CITY - ST - ZIP

9. TITLE DELETE

10. NAME

11. STREET ADDRESS

12. CITY - ST - ZIP

13. TITLE DELETE

14. NAME

15. STREET ADDRESS

16. CITY - ST - ZIP

17. TITLE DELETE

18. NAME

19. STREET ADDRESS

20. CITY - ST - ZIP

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY - ST - ZIP

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY - ST - ZIP

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIP

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY - ST - ZIP

PRESIDENT
OMAR FERNANDEZ
1833 SW 104 PL
MIAMI, FL 33165

REINSTATEMENT

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-09/16/97--01077--006
****915.000****915.000

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 of this report, or on an attachment with an address.

SIGNATURE: OMAR FERNANDEZ 8/29/97 (305)436-3000

CR2E034 (9/96)