

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 08, 1999 8:00 am
Secretary of State

05-08-1999 90087 046 ***158.75

DOCUMENT # M43941

1. Corporation Name
MAPE AUTO PARTS CORPORATION



DO NOT WRITE IN THIS SPACE

Principal Place of Business 6511 SW 27 ST MIRAMAR FL 33023 US		Mailing Address 6511 SW 27 ST MIRAMAR FL 33023 US	
2. Principal Place of Business		2a. Mailing Address	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.	
22 City & State		27 City & State	
23 Zip Country		28 Zip Country	
24 25		29 30	
3. Date Incorporated or Qualified 12/29/1986		4. FEI Number 59-2756486	
5. Certificate of Status Desired ☒		Applied For Not Applicable	
6. Election Campaign Financing Trust Fund Contribution ☐		\$8.75 Additional Fee Required	
7. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No		\$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent PENA, KATHLEEN 2441 ARCADIA DR MIRAMAR FL 33023		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		(NOTE: Registered Agent signature required when reinstating)		DATE	
Signature, typed or printed name of registered agent and title if applicable					
12. OFFICERS AND DIRECTORS					
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
	PD	6511 SW 27TH ST.	MIRAMAR FL	1.1 TITLE	
	PENA, GILMA			1.2 NAME	
				1.3 STREET ADDRESS	
				1.4 CITY-ST-ZIP	
	V	6511 SW 27TH ST.	MIRAMAR FL	2.1 TITLE	
	PENA, MANUEL			2.2 NAME	
				2.3 STREET ADDRESS	
				2.4 CITY-ST-ZIP	
	ST	6511 SW 27TH ST.	MIRAMAR FL	3.1 TITLE	
	SANTOS, CLAUDIA			3.2 NAME	
				3.3 STREET ADDRESS	
				3.4 CITY-ST-ZIP	
				4.1 TITLE	
				4.2 NAME	
				4.3 STREET ADDRESS	
				4.4 CITY-ST-ZIP	
				5.1 TITLE	
				5.2 NAME	
				5.3 STREET ADDRESS	
				5.4 CITY-ST-ZIP	
				6.1 TITLE	
				6.2 NAME	
				6.3 STREET ADDRESS	
				6.4 CITY-ST-ZIP	

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 on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* (President) 4/29/99 (954) 983 1434

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)