

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **M50310** (5)

1. Corporation Name
MIAMI AUTO PARTS, INC.



Principal Place of Business: **C/O WILLIAM R. EKASALA 13060 CAIRO LANE OPA - LOCKA FL 33054**
Mailing Address: **C/O WILLIAM R. EKASALA 13060 CAIRO LANE OPA - LOCKA FL 33054**

3. Date Incorporated or Qualified: **04/15/1987**
3a. Date of Last Report: **05/01/1995**
4. FEI Number: **59-1612787**
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 (21-24)
2a. Mailing Address (25-29)
21. State, Apt. #, etc.
22. City & State
23. Zip
24. Country
25. Country
26. State, Apt. #, etc.
27. City & State
28. Zip
29. Country

9. Name and Address of Current Registered Agent

**EKASALA, WILLIAM R.
13060 CAIRO LANE
OPA-LOCKA FL 33054**

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 607.0507 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: _____ DATE: _____
NOTE: Registered Agent Signature required when transferring.

12. OFFICERS AND DIRECTORS

| | | |
|--------------------|----------------------|---------------------------------|
| 11. TITLE | PTD | <input type="checkbox"/> DELETE |
| 12. NAME | EKASALA, WILLIAM R. | |
| 13. STREET ADDRESS | 13060 CAIRO LN | |
| 14. CITY-STATE-ZIP | OPA-LOCKA FL | |
| 15. TITLE | VSD | <input type="checkbox"/> DELETE |
| 16. NAME | GALLAGHER, GLENDA H. | |
| 17. STREET ADDRESS | 13060 CAIRO LANE | |
| 18. CITY-STATE-ZIP | OPA LOCKA FL | |
| 19. TITLE | | <input type="checkbox"/> DELETE |
| 20. NAME | | |
| 21. STREET ADDRESS | | |
| 22. CITY-STATE-ZIP | | |
| 23. TITLE | | <input type="checkbox"/> DELETE |
| 24. NAME | | |
| 25. STREET ADDRESS | | |
| 26. CITY-STATE-ZIP | | |
| 27. TITLE | | <input type="checkbox"/> DELETE |
| 28. NAME | | |
| 29. STREET ADDRESS | | |
| 30. CITY-STATE-ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|--------------------|---|
| 11. TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12. NAME | |
| 13. STREET ADDRESS | |
| 14. CITY-STATE-ZIP | |
| 15. TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 16. NAME | |
| 17. STREET ADDRESS | |
| 18. CITY-STATE-ZIP | |
| 19. TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 20. NAME | |
| 21. STREET ADDRESS | |
| 22. CITY-STATE-ZIP | |
| 23. TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 24. NAME | |
| 25. STREET ADDRESS | |
| 26. CITY-STATE-ZIP | |
| 27. TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 28. NAME | |
| 29. STREET ADDRESS | |
| 30. CITY-STATE-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 119.07(3)(k), 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. If 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: *Glenda H. Gallagher* **Glenda H. Gallagher**, 1/22/96 305 688-6661
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Day of Month Year

CR2E034 (12/95)