SECOND NO	TICE: CORPO	RATION WILL BE DIS 196: \$225 (IF DISSOLVE	SOLVED ON OR AFTER D, MINIMUM AMOUNT D	R AUGUST 7, 1996. UE TO REINSTATE: \$375.)	-	
• PR	OFIT ORATION	() ×	FLORIDA DEPA	RTMENT OF STATE B. Mortham		
ANNUA	L REPORT		7	ary of State CORPORATIONS		
DOCUMENT # M50355			(0)			
		PARTS CORPOR	ATION		 	
Principal Place o	f Business	<u>,</u>	Mailing Address		-	
9588 BIRD RD. MIAMI FL 33165 US			9588 BIRD RD. MIAMI FL 33165 US		Date Incorporated or Qualified	3a. Date of Last Report
					04/15/1987	01/31/1995 Applied For
2. Principal Plac	e of Business		2a. Mailing Address 26		4. FEI Number 59-2792758	Not Applicable
Suite, Apt. #,	etc		Suite Apt #, etc		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State			City & State		6. Election Campaign Financing	\$5.00 May Be Added to Fees
3 Zip		Country	28	Country	Trust Fund Contribution 8. This corporation has liability to	iptangible tax under s. 199.032,
4	25	Address of Current R	29	30	Florida Statutes 10. Name and Address of New R	Yes No egistered Agent
agent Lam	PST	or Fricers AND C	id the diapplication (13.	noration submits this statement for the on's broard of directors. Thereby accepted above restricted and ADDITIONS/CHANGES TO OFF	DAIL
NAME STREET ADDRESS CITY-ST-ZIP	Martinez, 9550 bird Miami Fl			1.2 NAME 1.3 STREET ADDRESS 1.4 CHY - ST - ZIP		90
TITLE NAME STREET ADDRESS	D Martinez 9550 bird		DELETE	2 1 TULE 22 NAME 23 STREET ADDRESS 2 4 CITY - ST - ZIP		Change Addition
TITLE NAME STREET ADDRESS	MIAMI FL		DELETE	3 1 111LE 3 2 NAME 3 3 STREFT ADDRESS		Change Aduktion
TITLE NAME STREET ADDRESS			DELETE	3 4 City - ST - ZIP 4 1 TILEF 4 2 NAME 4 3 STREET ADDRESS		Charge Addition
CHY-ST-ZIP TITLE NAME STREET ADDRESS			DELETE	4 4 CHY - ST-ZIP 51 THLE 52 NAME 53 STREET ADDRESS		Change Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS			DELETE	6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - STL-7IP		Changé Addition
further ce made und that my hi	rtify that the into der oath, that I a ame appears in	imiation (naidated on t	with this filing is voluntari his annual report or supp of the corporation or the changed, or on an attact	ly furnished and does not qui lemental annual report is trud receiver or trustee empower	alify for the exemption stated in Section cand accurate and that my signature that to execute this report as required t	oy Chapter 617, Florida Statutes, and
SIGNAT	UNE: _	SGNATURE AND TYPED OR	PRINTED NAME OF SIGNING OF	ICER OR DIRECTOR	D.c.	Essephine Attender #