## 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

<ol> <li>Corporation</li> </ol>	MENT # <b>M50652</b>						
CAIRO L	ANE AUTO USED PARTS, IN	NC.					
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12780 CAIRO L		12780 CAIRO LANE					
OPA LOCKA FL 33054 OPA LOCKA FL 33054				·			
					DO NOT WRITE IN T	THIS SPACE	
					Date Incorporated or Qualifed		
					04/21/1987		
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number	· I	plied For
21		26			59-2802492		t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc	<b>:</b> .		5. Certifcate of Status Desired	\$8.75 △	
22	<u> </u>	27				Fee Re	<u> </u>
City & State	و ماند ماند ماند المنافع المنا	City & State	، معد <i>میلسید</i> شود د	6. Election Campaign Financing \$5.00 i		, ,	
23		28	^		Trust Fund Contribution Added to Fees		
Zip	Country	Zip	Cour	iu y	8. This corporation owes the current year	ar Intangible ☐ Yes	<b>20</b> .
24	25	Desistered Agent	30		Personal Property Tax.  10. Name and Address of New Registe		7-7NO
	9. Name and Address of Current	Registered Agent		81 Name	IV. Name and Address of New Registe	· ·	
PFRI	EZ-PADILLA, MANUEL		Į.	Traine			
	S.W. 16TH TERR.	÷,	į	82 Street Add	ress (P.O. Box Number is Not Acceptable)		1
	WI FL 33145		ŀ	83	The second secon	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	F 23 17
						福德斯 祝	
			ĺ	84 City		85 Zip C	ode
44 5	4- 4 607 0E03	and 607 14500 "Florida 9	Statutes the ab	ove named corr	poration submits this statement for the purpos	e of changing its	registered
TI. Pursuant	to the provisions of Sections 607.0502	and 607.1506, Fightials	Statutes, the at	Ove-liained coil	Joiation subtints this statement for the purpos	oc or changing no	, oglororou j
office or n	egistered agent, or both, in the State of	f Florida. Such change v	was authorized	by the corporati	on's board of directors. I hereby accept the a	ppointment as req	gistered
office or n	egistered agent, or both, in the State o m familiar with, and accept the obligation	f Florida. Such change vons of, Section 607.050	was authorized 5, Florida Statu	by the corporati tes.	on's board of directors. I hereby accept the a	ppointment as rec	gistered
office or n agent. I a SIGNATURE			was authorized 5, Florida Statu	by the corporati tes.	on's board of directors. I hereby accept the a	ppointment as rec	gistered
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office or n agent. I a SIGNATURE		and title if applicable.	was authorized 5, Florida Statu (NOTE: Registered 13.	by the corporati	on's board of directors. I hereby accept the a	ppointment as reg	gistered
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office or no agent. I a SIGNATURE  12. TITLE NAME	Signature, typed or printed name of registered agent OFFICERS AND DP DIAZ, LIBRADO	and title if applicable.  DIRECTORS	(NOTE: Registered )  TE 1.1 TITI  1.2 NAI	by the corporatites.  Agent signature require	on's board of directors. I hereby accept the a	ppointment as rec E S AND DIRECTO	RS IN 12
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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 concoration 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 chapted, or on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

**FILED** 

Feb 06, 1999 8:00am

**Secretary of State**