

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **M59412 (0)**
1. Corporation Name
EXPRESS TRUCK & AUTO PARTS, INC.



Principal Place of Business
**11710 NW S. RIVER DR.
MEDLEY FL 33178**

Mailing Address
**11710 NW S. RIVER DR.
MEDLEY FL 33178**

3. Date Incorporated or Qualified **09/22/1987** 3a. Date of Last Period **05/01/1995**

4. FEI Number **65-0013653** 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

2. Principal Place of Business 2a. Mailing Address

21. Suite, Apt. #, etc. 26. Suite, Apt. #, etc.

22. City & State 27. City & State

23. Zip 25. Country 28. Zip 29. Country

24. 30.

9. Name and Address of Current Registered Agent

**VIDAN, ORESTES-
10025 SW 87 COURT
MIAMI FL 33178**

10. Name and Address of New Registered Agent

81. Name **ORESTES VIDAN**

82. Street Address (P.O. Box Number is Not Acceptable) **8135 NW 9th ST**

83.

84. City **Medley** FL 85. Zip Code **33166**

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 *Orestes Vidan* **05/06/96**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE

12. OFFICERS AND DIRECTORS

TITLE DELETE

NAME **DV MONTESINO, ALEJANDRO**

STREET ADDRESS **11710 NW S. RIVER DR. MEDLEY FL**

CITY-ST-ZIP

TITLE DELETE

NAME **DP VIDAN, ORESTES**

STREET ADDRESS **11710 NW S. RIVER DR. MEDLEY FL**

CITY-ST-ZIP

TITLE DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

Change Addition

1.1 TITLE **DP**

1.2 NAME **ALEJANDRO MONTESINO**

1.3 STREET ADDRESS **11710 NW S. RIVER DR**

1.4 CITY-ST-ZIP **Medley FL 33178**

2.1 TITLE **DV**

2.2 NAME **ORESTES VIDAN**

2.3 STREET ADDRESS **11710 NW S. RIVER DR**

2.4 CITY-ST-ZIP **Medley FL 33178**

3.1 TITLE

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 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; 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.

SIGNATURE: *Orestes Vidan* **05/06/96** **557-2390**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)