

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

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

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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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

VIDAN, ORESTES
10025 SW 87 COURT
MIAMI FL 33178

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

05/06/96

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DV
NAME MONTESINO, ALEJANDRO
STREET ADDRESS 11710 NW S. RIVER DR.
CITY-ST-ZIP MEDLEY FL ☐ DELETE

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 ☐ Change ☐ Addition

TITLE DP
NAME VIDAN, ORESTES
STREET ADDRESS 11710 NW S. RIVER DR.
CITY-ST-ZIP MEDLEY FL ☐ DELETE

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 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Orestes Vidan

05/06/96

DATE

DAYTIME PHONE #

557-3390

CR2E034 (12/95)