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

PROFIT CORPORATION ANNUAL REPORT



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

M74616

DOCUN 1. Corporation	MENT # M746	16 (7)					
SUSPENSION INTERNATIONAL PARTS (SIP), CORP.							
Principal Place of Business Mailing Address							
8280 NW 66 STREET MIAMI FL 33166		8280 NW 66 STREET MIAMI FL 33166					
					3. Date incorporated or Qualified 03/31/1988	3a. Date of 05/0	Last Report 1/1995
2. Principal Pla	nce of Business	2a. Mailing Address			4. FEI Number		Applied For
Suite, Apt. #	H old	Suite, Apt. #, etc.			65-0065992		Not Applicable 8.75 Additional
22] 27]		<u>-</u>			5. Certificate of Status Desired		Fee Required
City & State		City & State	City & State		Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees
Zip 24	Country 25	Zip 29	Count	ry	This corporation has liability for in Florida Statutes		nder s. 199.032,
	9. Name and Address of Curre				10. Name and Address of New R	egistered Ag	∍nt
			8	1 Name			
GONZALES III, ENRIQUE ESQ			8:	2 Street Add	ress (P.O. Box Number is Not Acceptable)		
2 SOUTH BISCAYNE BLVD			8	2			
SUITE 3400				3			
MIAMI FL 33131			8	4 City		FL	35 Zip Code
familiar wit	h, and accept the obligations of, Se Signature, typed or printed name of registered ag-	ction 607.0505, Florida Statutes ont and the if applicable (N	S. 	pert signature require		DATE	
12. Tille	DPT OFFICERS A	ERS AND DIRECTORS		. 1	ADDITIONS/CHANGES TO OFF		Change Addition
NAME	QUEZADA, SLAVADOR	_ btate	1 1 TITU 12 NAMI				Juliango D Madatton
STREET ADDRESS	8280 NW 66 STREET			ET ADDRESS			
CITY-ST-ZIP	MIAMI FL		1.4 City	- ST - ZIP			
TITLE	VS	☐ DELETE	2 1 TiTL	E.			Change
NAME	QUEZADA, MARIA E			E			
STREET ADDRESS	8280 NW 66 ST			ET ADORESS			
CITY - ST - ZIP TITLE	MIAMI FL	DELETE	2 4 CITY 3 1 TITL			П	Change Addition
NAME		beer in	3.2 NAM				
STREET ADDRESS		,		EET ADDRESS			
CITY - ST - ZIP			3.4 CITY	- ST-ZIP			
TITLE		DOELETE	4. 1 TITL	E			Change 🔲 Addition
NAME			4.2 NAM	E			
STREET ADDRESS				ET ADDRESS			
City-St-ZiP		- Drift	4.4 CITY				Shango D Addition
		☐ DELETE	5 1 TITL			L,	Change Addition
NAME STREET ADDRESS			5.2 NAM 5.3 STRE	ET ADORESS			
CITY-ST-ZIP			5.4 C(TY	ì			
TITLE	DELETE		6. 1 TITL				Change Addition
NAME		_	6.2 NAM				
STREET ADDRESS			6.3 STRE	ET ADDRESS			
City - St - ZiP			6.4 CITY	-ST-ZIP			

14. Ido hereby certify that the information supplied with this filling 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 attaction with an address.

SIGNATURE: __

ITED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/5C

692-8909