

CORPORATION
ANNUAL REPORT

1999 2001



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Amendment \$61.25

DO NOT WRITE IN THIS SPACE

1. Name and Mailing Address of Corporation: DOCUMENT # M98580

All Day Used Auto Parts Inc.
12710 CAIRO Lane
Opa-Locka Fl. 33054

If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2.

3. Date Incorporated or Qualified Sept 14, 1988 3a. Date of Last Report 1/30/2001

4. FEI Number 650075177

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ \$138.75 Supplemental Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

2. Mailing Address
21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country

2a. Principal Place of Business
26 Suite, Apt. #, etc.
27 City & State
28 Zip
29 Country

9. Name and Address of Current Registered Agent

JOSE A. ZARRALUQUI
12710 CAIRO LANE
Opa Locka Fl. 33054

10. Name and Address of New Registered Agent

81 Name Elquis Claudio Cantillo
82 Street Address (P.O. Box Number is Not Acceptable) 11201 SW 55 ST Box 205
83
84 City MIRAMAR FL 85 Zip Code 33025

11. Pursuant to the provisions of Sections 607.0502 and 607.1508 or Sections 617.0502 and 617.1508, 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 (Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating) DATE 3/02/01

12. OFFICERS AND DIRECTORS

1.1 TITLE	DP
1.2 NAME	Jose Zarraluqui
1.3 STREET ADDRESS	2754 SW 13 ST
1.4 CITY-ST-ZIP	Miami FL 33145
2.1 TITLE	TD
2.2 NAME	Alberto L. Zarraluqui
2.3 STREET ADDRESS	2754 SW 13 ST
2.4 CITY-ST-ZIP	Miami FL 33145
3.1 TITLE	SD
3.2 NAME	Jose Hidalgo
3.3 STREET ADDRESS	2754 SW 13 ST
3.4 CITY-ST-ZIP	Miami FL 33145
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	

13. CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	President/D.
1.2 NAME	Elquis Claudio Cantillo
1.3 STREET ADDRESS	11201 SW 55 ST BOX 205
1.4 CITY-ST-ZIP	MIRAMAR FL 33025
2.1 TITLE	V.P/D
2.2 NAME	Lorenzo Hernandez
2.3 STREET ADDRESS	3726 NW 95 ST
2.4 CITY-ST-ZIP	Miami FL 33147
3.1 TITLE	Sec/D
3.2 NAME	Lorenzo Hernandez
3.3 STREET ADDRESS	3726 NW 95 ST
3.4 CITY-ST-ZIP	Miami FL 33147
4.1 TITLE	T/D
4.2 NAME	Elquis Claudio Cantillo
4.3 STREET ADDRESS	11201 SW 55 ST BOX 205
4.4 CITY-ST-ZIP	MIRAMAR FL 33025
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	

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14. I 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. I further certify 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 or Chapter 617, Florida Statutes, and that my name appears in Block 12, Block 13 if a change, or on an attachment with an address.

SIGNATURE: (Signature) 3/02/01 305 688-4118
SIGNED AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #