

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 JUL -5 AM 8:47

SECRET OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P92000002318 (3)**
1. Corporation Name:
TRANSMOBILE PARTS AND SERVICES CORPORATION

Principal Place of Business: **1789 W 32ND PLACE HIALEAH FL 33012**
Mailing Address: **1789 W 32ND PLACE HIALEAH FL 33012**

(DO NOT WRITE IN THIS SPACE)

3. Date Incorporated or Organized: **11/05/1992** 3a. Date of Last Report: **08/10/1994**
4. Fil Number: **65-0366038** Accepted 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**
7. This corporation has liability for enterprise tax under the Enterprise Tax Statute: Yes No

2. Principal Place of Business: **21 901 Veterans Blvd.**
State, Apt. #, etc.: **26 Suite 206**
City & State: **27 Metairie, LA.**
28
29 **70005** 30

9. Name and Address of Current Registered Agent:
**REYES, JOSE D.
7356 W. 18TH AVE.
HIALEAH FL 33014**

10. Name and Address of New Registered Agent:
01 Name:
02 Street Address (P.O. Box Number is Not Acceptable):
03
04 City: **FL** 05 State:

11. I, the undersigned, being a resident of this State, do hereby certify that the above named corporation fulfills this statement for the purpose of filing its registered office as required by the laws of the State of Florida. The change was authorized by the corporation's board of directors, members and the approval of its registered agent, and complies with all other applicable laws of the State of Florida.

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS	
NAME	D BRAN, MARY 1789 W 32 PLACE HIALEAH FL 33012	STATUS	D/P <input type="checkbox"/> Change <input type="checkbox"/> Action
NAME	D MATAMOROS, MARIO A 1789 W 32 PLACE HIALEAH FL 33012	STATUS	REMOVED <input checked="" type="checkbox"/> Change <input type="checkbox"/> Action
NAME	D PADILLA, LUIS A 1789 W 32 PLACE HIALEAH FL 33012	STATUS	D/S <input type="checkbox"/> Change <input type="checkbox"/> Action
NAME	D REYES, JOSE D 1789 W 32 PLACE HIALEAH FL 33012	STATUS	D/V <input type="checkbox"/> Change <input type="checkbox"/> Action
NAME	D RIVERA, DENIS J 1789 W 32 PLACE HIALEAH FL 33012	STATUS	D/V <input type="checkbox"/> Change <input type="checkbox"/> Action
NAME		STATUS	<input type="checkbox"/> Change <input type="checkbox"/> Action

14. I, the undersigned, certify that the information supplied with this filing is true and correct, and that the corporation stated in the laws of the State of Florida. I further certify that the information is submitted as the result of a request for information and that the corporation is not aware of any other information that may be required by the laws of the State of Florida. I further certify that the information is true and correct, and that the corporation is not aware of any other information that may be required by the laws of the State of Florida.

SIGNATURE: *Mary Bran* MARY BRAN
SIGNATURE AND TYPED OR PRINTED NAME OF LEADING OFFICER OR DIRECTOR

7-28-95 (04) 835-7008