

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

CORPORATION
ANNUAL REPORT

1995



FLORIDA DEPARTMENT OF STATE

SECRETARY OF STATE

REGISTRATION AND RECORDS SECTION

APPROVED
AND
FILED

MAY - 1 AM 3:06

DOCUMENT # P93000006839 (3)

1. Incorporation Date:

A AND E USED TRUCK PARTS CORP.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Name of Corporation	2. Mailing Address	3. Date Incorporated or Organized	4. FEI Number	5. Certificate of Mailed Notice	6. Election Campaign Finance	7. The corporation has filed the annual fee under s. 197.012, Florida Statutes
1840 W 49 ST SUITE 605 HIALEAH FL 33012 US	1840 W 49 ST SUITE 605 HIALEAH FL 33012 US	21	28	26	27	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
22	23	24	25	26	27	
28	29	30				

(TYPE OR PRINT IN ALL CAPS)

3a. Date of Last Report
01/22/1993 3b. Date of Last Report
05/01/1994

4. FEI Number	5. Certificate of Mailed Notice	6. Election Campaign Finance	7. The corporation has filed the annual fee under s. 197.012, Florida Statutes
65-0398694	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	

9. Name and Address of Current Registered Agent

81. Name	82. Street Address, P.O. Box Number, etc. Not Applicable	83.	84. City	85. Zip Code
VELEZ, FRANCISCO A				FL
1840 W 49 ST				
SUITE 605				
HIALEAH FL 33012				

11. Pursuant to the provisions of Sections 617.012 and 617.112B, Florida Statutes, the above named corporation submits the statement for the purpose of changing its registered office or principal place of business, the date of incorporation will be substituted by the corporation's date of incorporation, thereby, as of the appearance of its reported agent, name and address, except the date appearing in the last column of this affidavit.

Corporation

12. Name	13. Address of Corporation	14. Additional Information
D NAME ADDRESS CITY STATE ZIP	FL NAME ADDRESS CITY STATE ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add/Alt
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14. I declare, certify, that the information supplied with this form is voluntary furnished and does not conflict with the description stated in s. 197.012, Florida Statute. Further, that the information supplied on this annual report is a true and accurate and that my signature shall have the same legal effect as a written document with that I am an officer or director of the corporation or trustee empowered to execute the report as required by Chapter 197, Florida Statute, and that my name appears in Block 1 of Block 1 of the annual report in full and with no additions.

SIGNATURE:

PRESIDENT
EFRAIN A. VELEZ

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/94 (DW) 3614472

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State: Florida

CONTINUED CP