FILE NOW: FILING FEE AFTER MAY 1ST IS $550.00

PROFIT CORPORATION ANNUAL REPORT **1999**

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
99 MAR 15 AM 9:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000008758

1. Corporation Name
Action Auto Electric Products, Inc.
3705 Davie Blvd
Ft. Lauderdale FL 33312

Principal Place of Business
Action Auto Electric
3705 Davie Blvd
Ft. Lauderdale FL 33312

Mailing Address
same.

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 1-29-93

4. FEI Number: 65-0389452 — [ ] 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 owes the current year Intangible Personal Property Tax [ ] Yes [X] No

2. Principal Place of Business
21 3705 Davie Blvd
Suite, Apt. #, etc
22
City & State
23 Ft. Lauderdale FL
Zip 24 33312 Country 25 USA

2a. Mailing Address
26 3705 Davie Blvd
Suite, Apt. #, etc
27
City & State
28 Ft. Lauderdale FL
Zip 29 33312 Country 30 USA

9. **Name and Address of Current Registered Agent**
Suson Molina
2740 SW 154 Lane
Davie FL 33331

10. **Name and Address of New Registered Agent**
81 Name: Susan Molina
82 Street Address (P.O. Box Number is Not Acceptable): 2740 SW 154 Lane
83
84 City: Davie FL 85 Zip Code: 33331

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 [signature] Date 3-10-99

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	President	[ ] DELETE	11 TITLE	[ ] Change [ ] Addition
NAME	Leonardo Molina		12 NAME	
STREET ADDRESS	2740 SW 154 Lane		13 STREET ADDRESS	
CITY-ST-ZIP	Davie FL 33331		14 CITY-ST-ZIP	
TITLE		[ ] DELETE	21 TITLE	[ ] Change [ ] Addition
NAME			22 NAME	
STREET ADDRESS			23 STREET ADDRESS	
CITY-ST-ZIP			24 CITY-ST-ZIP	
TITLE		[ ] DELETE	31 TITLE	[ ] Change [ ] Addition
NAME			32 NAME	
STREET ADDRESS			33 STREET ADDRESS	
CITY-ST-ZIP			34 CITY-ST-ZIP	
TITLE		[ ] DELETE	41 TITLE	[ ] Change [ ] Addition
NAME			42 NAME	
STREET ADDRESS			43 STREET ADDRESS	
CITY-ST-ZIP			44 CITY-ST-ZIP	
TITLE		[ ] DELETE	51 TITLE	[ ] Change [ ] Addition
NAME			52 NAME	
STREET ADDRESS			53 STREET ADDRESS	
CITY-ST-ZIP			54 CITY-ST-ZIP	
TITLE		[ ] DELETE	61 TITLE	[ ] Change [ ] Addition
NAME			62 NAME	
STREET ADDRESS			63 STREET ADDRESS	
CITY-ST-ZIP			64 CITY-ST-ZIP	

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****150.00 ****150.00

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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE: [signature] Leonardo Molina 3-10-99 954-321-0440
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #