FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 APR 28 PM 1:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000023704 (8)**

1. Corporation Name

OLIMPICOS USED AUTO PARTS, CORP.

Principal Place of Business	Mailing Address
3514 NW 36 ST MIAMI FL 33142	3514 NW 36 ST MIAMI FL 33142

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 03/30/1993
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business (21): 3516 NW 36 ST
2a. Mailing Address (26): 3516 NW 36 ST.
4. FEI Number: ~~65-0390917~~ 65-0522206 ☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc (22): Suite, Apt. #, etc (27):
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
City & State (23): City & State (28):
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
Zip (24) County (25): Zip (29) County (30):
8. The corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

GARCIA, NELSON
3516 NW 36TH ST.
MIAMI FL 33142

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	☒ Change ☐ Addition P
NAME	MORALES, ANGEL LUIS JR	1.2 NAME	MARIO OSORIO
STREET ADDRESS	3514 NW 36 ST	1.3 STREET ADDRESS	206 SW 105 PLACE
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	SWEETWATER, FL. 33174-1624
TITLE	ST	2.1 TITLE	☒ Change ☐ Addition VP-T
NAME	JUANA, SIERRA	2.2 NAME	NELSON GARCIA
STREET ADDRESS	1221 BLUE BIRD AVE	2.3 STREET ADDRESS	3516 NW 36 ST
CITY-ST-ZIP	MIAMI SPRINGS FL	2.4 CITY-ST-ZIP	MIAMI, FL. 33142-5040
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: Nelson Garcia — NELSON GARCIA 2/1/95 305-635 2700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Please correct at your convenience from our FEI Number

0191807 CP