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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT # P93000068574 (1)

CARIBBEAN USED PARTS, INC.

Principal Place of Business 12745 CAIRO LANE OPA LOCKA FL 33054

Mailing Address

9860 NW 27TH ST MIAMI FL 33172

FILED Jan 23 1998 8:00am Secretary of State



| US | | | | | | | DO NOT WRITE IN THIS SPACE | | |
|---|---------------------------------------|--------------------------|-------------------|--|-----------|---|-----------------------------------|---|--|
| | | | | | | | 3. Date Incorporated or Qualified | | |
| | | • | | | | | | 09/27/1993 | |
| 2. Principal Place of Business | | | 2a. M | 2a. Mailing Address | | | | 4. FEI Number Applied For | |
| 21 | | | 26 | | | | | 65-0450334 Not Applicable | |
| Suite, Apt. #, etc. | | | | | | | | 5. Certificate of Status Desired \$8.75 Additional | |
| 22 | | | 27 | The state of the s | | | | Fee Required | |
| City & Stat | le | | | City & State | | | | Election Campaign Financing \$5.00 May Be | |
| 23 | | | 28 | | | | | Trust Fund Contribution Added to Fees | |
| Zip | _ ` | | | Zîp Country | | | У | 8. This corporation owes or has paid the current year Intangible | |
| 24 | | 25 | 29 | | 30 | | | Personal Property Tax due June 30. 🔲 Yes 🔼 No | |
| 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent | | | | | | | | | |
| LLERENA, OLGA L 81 Na | | | | | | | | | |
| 12745 CAIRO LANE | | | | | | 82 Street Address (P.O. Box Number is Not Acceptable) | | | |
| OPA LOCKA FL 33054 | | | | | | oz olicet Address (F.O. Dox Namber is Not Addeptable) | | | |
| 83 | | | | | | 3 | | | |
| | | | | | | 84 | City | FL 85 Zip Code | |
| 11 Pursuant | to the provis | cions of Sections 607.05 | 02 and 607 | 1508 Florida Statu | tee the | 3001 | e-pamod c | | |
| 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. | | | | | | | | | |
| agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. | | | | | | | | | |
| SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE | | | | | | | | | |
| 12. | Signature, typed | OFFICERS AN | | | 13. | | jent signature n | required when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
| TITLE | D | OIT ICE IS A | DUNEOIC | DELETE | | TITLE | · | Change Addition | |
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| 1 1 | OCCUPATION OF THE OTHER | | | | | NAME | | | |
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| NAME | ASAA MARTINETA ATTI ATTI | | | | | MAME | I | | |
| STREET ADDRESS | · · · · · · · · · · · · · · · · · · · | | | | | STREET | T ADDRESS | | |
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| STREET ADDRESS | | | | | 3.3 9 | STREET | T ADDRESS | | |
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| NAME | | | | | 4. 2 | NAME | | | |
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| NAME | | | | | 5.21 | IAME | | | |
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| NAME | | | | | | IAME | | | |
| | | | | | | | | | |
| STREET ADDRESS | | | | | 1 | | T ADDRESS | | |
| CITY-ST-ZIP | partiful that th | a information cumplied v | vith this filling | a doge not qualify f | | | ST-ZIP | d in Section 119.07(3)(i), Florida Statutes. I further certify that the information | |
| indicated | on this annu | e momator supplied v | al annual rai | s aces not quality it | or the ex | out M b | ot my sign | a in Section 113.07(3)(1), Florida Statutes. Hurther certify that the information | |

officer or director of the corporation or the receiver or trustee empowered to as Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: