SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.) **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1996 P94000031186 (7) **DOCUMENT #** CHRIS AUTO PARTS & ACCESSORIES, INC. Mailing Address Principal Place of Business 19333 NW 2 AVE 19333 NW 2 AVENUE MIAMI FL 33169 MIAMI FL 33169 US 3a. Date of Last Report ŲS 3. Date Incorporated or Qualified 08/14/1995 04/22/1994 Applied For 4. FEI Number 2a. Mailing Address 2. Principal Place of Business 65-0485884 Not Applicable 26 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt #, etc 5. Certificate of Status Desired Fee Required 27 22 \$5.00 May Be City & State 6. Election Campaign Financing City & State Added to Fees Trust Fund Contribution 28 23 8. This corporation has liability for it angible tax under s. 199 032 Country Ζιρ Zip Country ___No Yes Florida Statutes 29 24 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name BARTLEY, CHRISTOPHER Street Address (P.O. Box Number is Not Acceptable) 82 1130 SOUTH WEST 87TH TERRACE PEMBROKE PINES FL 33025 83 85 Zip Code 64 City Fi 11. Pursuant to the provisions of Sections 607.0502 and 507.1508, 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. Thereby accept the appointment as registered agent. Tam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable (96/E)ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRI.C FORS 13. 12. Change Addition DELETE 111116 TITLE CR2E034 BARTLEY, CHRISTOPHER 1.2 NAME NAME 1130 SOUTH WEST 87TH TERRACE 1.3 STREET ADDRESS STREE! ADDRESS PEMBROKE PINES FL 33025 1.4 CITY - ST ZIP CITY - ST - ZIP Change Addition DELETE 2111116 TIFLE 2.2 NAME NAME 23 STREET ADDRESS STREET ADDRESS 2 4 City - ST-ZIP CITY - ST-ZIP Change Addition DELETE 3 1 TITLE TITLE 3.2 NAME NAMÉ 3 3 STREET ADDRESS STREET ADDRESS 3.4 CiTY - \$1 - ZiP CITY - ST-ZIP Change Addition DELETE 411111.6 TITLE 4 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST-ZIP CITY - S1 - ZIP Change Addition DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5 3 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST - ZIP CITY - ST - ZIP Change Addition DELETE 6.1 THE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 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)(k), Florida Statutes | 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 617, Florida Statutes, and that my name appears in Brock 12 or Block 13 if the need, or on an attact ment with an address 64 CITY - ST - ZIP

ACER OR DIRECTOR

SIGNATURE: