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 Socretary of State DIVISION OF CORPORATIONS 1996 **DOCUMENT #** P94000035028 (7) V.G. AUTO PARTS, INC. Mailing Address Principal Place of Business 11801 S.W. 37TH STREET 680 W 84 ST. MIAMI FL 33175 HIALEAH FL 33012 3a. Date of Last Report 3. Date Incorporated or Qualified 05/05/1994 04/18/1995 4. FEI Number Applied For 2a. Mailing Address 2. Principal Place of Business 65-0494921 Not Applicable 26 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 27 \$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 intangible tax under s. 199.032, Country Zin Zιρ Yes Florida Statutes 30 29 24 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 61 Name **GONZALEZ, VICTOR M** Street Address (P.O. Box Number is Not Acceptable) 11801 S.W. 37TH STREET 82 **MIAMI FL 33175** 83 85 Zip Code 84 City 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 (NOTE: Registered Agent's gnature required when reinstating) Signature, typied or printed numeral registered agent and title diapplicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12 Change Addition DELETE 1 & TOTLE TITLE GONZALEZ, VICTOR M 1.2 NAME NAME 11801 S.W. 37TH STREET 1.3 STREET ADDRESS STREET ADDRESS **MIAMI FL 33175** 1 4 CITY - ST - ZIF CITY - ST - ZIP Change Addition DELETE 2.1 TITLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2 4 CHTY - ST - ZIF CITY - ST - ZIP Change Addition DELETE 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 34 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 4.1 TH: E TITLE 4 2 NAME NAME 4.3 STREET ADORESS STREET ADDRESS 4.4 CiTY - ST - 719 CITY-ST-ZIP Change Addition DELETE 5.1 DITE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5 4 CITY - ST - ZIP CITY-ST-ZIP Change Addition DELETE 61 TITLE THILE

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 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 object or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Ekonda Statutes; and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address

6.2 NAME

6.3 STREET ADDRESS

6 4 CITY - ST - ZIP

NAME

STREET ADDRESS

I am an onicer or director of the corporation of the receiver of diselector in Block 12 or Block 13 if changed or on an attachment with an address DESICER OR DIRECTOR

(36/8)

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