

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION  
ANNUAL REPORT  
1995



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

DOCUMENT # P94000036306 (6)

1. Corporation Name

A & M USED TRUCK PARTS INC.

Principal Place of Business

14340 N.W. 24TH AVE.  
OPC LOCKA FL 33054

Mailing Address

14340 N.W. 24TH AVE.  
OPC LOCKA FL 33054

APPROVED  
AND  
FILED

95 JUL -7 AM 9:23

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified  
05/13/1994

3a. Date of Last Report  
5/13/94

4. FEI Number

65-0494088

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

6. This corporation has liability for intangible tax under S. 199.032,  
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21 10816 SW 72 ST

Suite, Apt. #, etc.

22 194

City & State

23 Miami, FL

Zip

24 33173

County

2a. Mailing Address

26 10816 SW 72 ST

Suite, Apt. #, etc.

27 194

City & State

28 Miami, FL

Zip

29 33173

County

9. Name and Address of Current Registered Agent

ALOMA, MIRIAM  
14340 N.W. 24TH AVE.  
OPC LOCKA FL 33054

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

| TITLE | NAME           | STREET ADDRESS           | CITY - ST - ZIP |
|-------|----------------|--------------------------|-----------------|
| PSD   | ALOMA, MIRIAM  | 10816 S.W. 72ND ST. #194 | MIAMI FL 33173  |
| TD    | MORALES, FRANK | 10816 S.W. 72ND ST. #194 | MIAMI FL 33173  |
|       |                |                          |                 |
|       |                |                          |                 |
|       |                |                          |                 |
|       |                |                          |                 |
|       |                |                          |                 |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| 1.1 TITLE           | Change | Addition |
|---------------------|--------|----------|
| 1.2 NAME            |        |          |
| 1.3 STREET ADDRESS  |        |          |
| 1.4 CITY - ST - ZIP |        |          |
| 2.1 TITLE           |        |          |
| 2.2 NAME            |        |          |
| 2.3 STREET ADDRESS  |        |          |
| 2.4 CITY - ST - ZIP |        |          |
| 3.1 TITLE           |        |          |
| 3.2 NAME            |        |          |
| 3.3 STREET ADDRESS  |        |          |
| 3.4 CITY - ST - ZIP |        |          |
| 4.1 TITLE           |        |          |
| 4.2 NAME            |        |          |
| 4.3 STREET ADDRESS  |        |          |
| 4.4 CITY - ST - ZIP |        |          |
| 5.1 TITLE           |        |          |
| 5.2 NAME            |        |          |
| 5.3 STREET ADDRESS  |        |          |
| 5.4 CITY - ST - ZIP |        |          |
| 6.1 TITLE           |        |          |
| 6.2 NAME            |        |          |
| 6.3 STREET ADDRESS  |        |          |
| 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 110.07(3)(b), 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:

Miriam Aloma

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/30/95 (205) 598-7870