

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 14, 1999 8:00 am
Secretary of State

04-14-1999 90058 049 ***150.00

DOCUMENT # P94000045474

1. Corporation Name
ELECTRONIC PARTS TRADING, INC.

Principal Place of Business
2205 HOLLYWOOD BLVD
SUITE 36
HOLLYWOOD FL 33020

Mailing Address
2205 HOLLYWOOD BLVD
SUITE 36
HOLLYWOOD FL 33020

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/17/1994

4. FEI Number
65-0518367

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

8. This corporation owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 15751 SHERIDAN ST.

Suite, Apt. #, etc.

22 Ste 109

City & State

23 FORT LAUDERDALE, FL

Zip

24 33331

Country

25 FL

2a. Mailing Address

26 15751 SHERIDAN ST.

Suite, Apt. #, etc.

27 Ste 109

City & State

28 FORT LAUDERDALE, FL

Zip

29 33331

Country

30 FL

9. Name and Address of Current Registered Agent

REYES, RIGOBERTO
2205 HOLLYWOOD BLVD
SUITE 36
HOLLYWOOD FL 33020

10. Name and Address of New Registered Agent

81 Name

RIGOBERTO REYES

82 Street Address (P.O. Box Number is Not Acceptable)

15751 SHERIDAN STREET Ste 109

83

84 City

Fort Lauderdale

FL

85 Zip Code

33331

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 reinstating)

DATE

3/6/99

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME REYES, RIGOBERTO

STREET ADDRESS 114 NW 109TH AVE. #306

CITY-ST-ZIP PEMBROKE PINES FL 33026

TITLE VD ☐ DELETE

NAME REYES, GLADYS

STREET ADDRESS 114 NW 109TH AVE. #306

CITY-ST-ZIP PEMBROKE PINES FL 33026

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

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

17095 N.W. 11 ST.

PEMBROKE PINES FL 33028

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

17095 N.W. 11 ST.

PEMBROKE PINES FL 33028

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3/6/99

Daytime Phone #

(954) 435-1896

0139239

CD7EN24/11108