

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
(AND)
FILED

95 MAY -1 11:17:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000068799 (3)

1. Corporation Name

INTERNATIONAL PARTS SUPPLIES, INC.

Principal Place of Business

11295 NW 7TH ST SUITE 7
MIAMI FL 33172

Mailing Address

11295 NW 7TH ST SUITE 7
MIAMI FL 33172

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/19/1994

3a. Date of Last Report

4. FEI Number

65-0520670

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 has liability for intangible tax under § 199.032,
Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 8311 NW 64 ST #3

26 Suite, Apt. #, etc.

22 Suite, Apt. #, etc.

27 City & State

23 City & State

28 City & State

24 Zip

25 Country

29 Zip

30 Country

24 33166

25 FLA

29 33166

30 FLA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MONES, LUIS F
11295 NW 7TH ST SUITE 7
MIAMI FL 33172

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

By _____, Registered Agent (signature) and _____, Registered Agent (name)

By _____, Registered Agent (signature) and _____, Registered Agent (name)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	President
NAME	MONES, LUIS F.
STREET ADDRESS	8311 NW 64 TH ST Bldg #3
CITY, ST, ZIP	MIAMI FLA 33166
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

14 TITLE		☐ Change ☐ Addition
15 NAME		
16 STREET ADDRESS		
17 CITY, ST, ZIP		
21 TITLE	Vice President	☐ Change ☒ Addition
22 NAME	JUAN G ESTABEZ	
23 STREET ADDRESS	687 NW 125 ST	
24 CITY, ST, ZIP	MIAMI FLA 33182	
31 TITLE		☐ Change ☐ Addition
32 NAME		
33 STREET ADDRESS		
34 CITY, ST, ZIP		
41 TITLE		☐ Change ☐ Addition
42 NAME		
43 STREET ADDRESS		
44 CITY, ST, ZIP		
51 TITLE		☐ Change ☐ Addition
52 NAME		
53 STREET ADDRESS		
54 CITY, ST, ZIP		
61 TITLE		☐ Change ☐ Addition
62 NAME		
63 STREET ADDRESS		
64 CITY, ST, ZIP		

14. I, the undersigned, certify that the information supplied with this report is voluntarily furnished and does not qualify for the exemption stated in Section 111.07(9)(b), Florida Statutes. I further certify that the information included on this 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, and that I am duly empowered to execute this report as required by Chapter 192, Florida Statutes, and that my name appears in Block 12 of this report.

SIGNATURE:

SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature of Officer