FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P94000089251 (0)**

1. Corporation Name

MOST VALUABLE PARTS, INC.

Principal Place of Business	Mailing Address
10941 SW 142ND AVENUE MIAMI FL 33186	10941 SW 142ND AVENUE MIAMI FL 33186

3. Date Incorporated or Qualified: 12/08/1994
3a. Date of Last Report: 06/15/1995

2. Principal Place of Business
21 22273 S.W. 99 AVE
Suite, Apt. #, etc.
22
City & State
23 MIAMI, FL
Zip 24 33190 Country 25 USA

2a. Mailing Address
26 P.O. BOX 96-0908
Suite, Apt. #, etc.
27
City & State
28 MIAMI, FL
Zip 29 33296-0908 Country 30 USA

4. FEI Number: 65-0546338 ☐ 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 s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

VALENCIA, EFREN J
10941 SW 142ND AVENUE
MIAMI FL 33186

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable) 22273 S.W. 99 AVE.
83
84 City MIAMI, FL 85 Zip Code 33190

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: E Jun Valencia DATE: 30 may/96.

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	VALENCIA, EFREN J		1.2 NAME	VALENCIA EFREN J.	
STREET ADDRESS	10941 SW 142ND AVENUE		1.3 STREET ADDRESS	22273 S.W. 99 AVE.	
CITY-ST-ZIP	MIAMI FL 33186		1.4 CITY-ST-ZIP	MIAMI, FL 33190	
TITLE	VD	☐ DELETE	2.1 TITLE	VD	☒ Change ☐ Addition
NAME	ANDRADE, MARIA		2.2 NAME	ANDRADE MARIA	
STREET ADDRESS	10941 SW 142ND AVENUE		2.3 STREET ADDRESS	22273 S.W. 99 AVE	
CITY-ST-ZIP	MIAMI FL 33186		2.4 CITY-ST-ZIP	MIAMI , FL 33190	
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (12/95)

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 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: E Jun Valencia 30 may 96 (305) 234-7326
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #