

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED
Sep 10 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P94000089251 (0)

1. Corporation Name
MOST VALUABLE PARTS, INC.



Principal Place of Business 22273 S.W. 99 AVE MIAMI FL 33189 US	Mailing Address P.O. BOX 96-0908 MIAMI FL 33296-0908 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 9810 S.W. 212 St	2a. Mailing Address 26 Suite, Apt. #, etc.
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City & State 23 Miami FL	City & State 27
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Zip 24 33189	Country 25 USA	Zip 29	Country 30
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3. Date Incorporated or Qualified 12/08/1994	3a. Date of Last Report 05/28/1996
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4. FEI Number 65-0546338	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
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8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

**VALENCIA, EFREN J
22273 S.W. 99 AVE.
MIAMI FL 33189**

10. Name and Address of New Registered Agent

81 Name Efren J. Valencia
82 Street Address (P.O. Box Number is Not Acceptable) 9810 SW 212 St
83 FL
84 City Miami
85 Zip Code 33189

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 signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE PD	<input type="checkbox"/> DELETE
NAME VALENCIA, EFREN J	
STREET ADDRESS 22273 S.W. 99 AVE.	
CITY-ST-ZIP MIAMI FL	

TITLE VD	<input type="checkbox"/> DELETE
NAME ANDRADE, MARIA	
STREET ADDRESS 22273 S.W. 99 AVE.	
CITY-ST-ZIP MIAMI FL	

TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME Efren Valencia	
1.3 STREET ADDRESS 9810 S.W. 212 St	
1.4 CITY-ST-ZIP Miami FL 33189	

2.1 TITLE VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME Maria Andrade	
2.3 STREET ADDRESS 9810 SW 212 St	
2.4 CITY-ST-ZIP Miami FL 33189	

3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	

4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	

5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	

6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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 on an attachment with an address.

SIGNATURE _____ 9/10/97 (305) 234-7326

CR2E034 (4/97)