## 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** 

## DOCUMENT # P94000089251

1. Corporation MOST V	ALUABLE PARTS, INC.	0009231			1 10001000 1100 10011 01011 00111 00111 00111 00111 00111 0	(8) (8) (8) (8) (8) (8) (8) (8) (8) (8)	11101 1101 100)
Principal Place	e of Business	Mailing Address			1 (0011401 (1)) 10(() 0(0) 50(1) 00(1) 00(1)	Simi incle incle clear a	11 E 1 E 1 E 1 E E 1
9810 SW 212TH ST P.O. BOX 97-0470							
MIAMI FL 33189 MIAMI FL 33296-0908					DO NOT WRITE IN T	HIS SPACE	
US		US			3. Date Incorporated or Qualifed		
					12/08/1994		
2 Principal Pl	lace of Business	2a. Mailing Address			4. FEI Number	App	lied For
21		26 P.O. BO	x 97-	0470	65-0546338	Not	Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired	\$8.75 A	l I
22		27			5. Certificate of Status Desired	Fee Req	uired
City & State	е	City & State	<del>-</del>		6. Election Campaign Financing	\$5.00 h	
23		28 MIAMI, I			Trust Fund Contribution	Added to	Fees
Zip	Country	Zip		untry	8. This corporation owes the current year	ir Intangible □Yes	⊠No
24	25	29 33197-04	/ <u>U</u> 30	USA	Personal Property Tax.  10. Name and Address of New Registe	···	29110
<del></del>	9. Name and Address of Curr	ent Registered Agent		81 Name	10. Name and Address of New Registe	led Agent	
\/A1 E	ENCIA EEREN I						
VALENCIA, EFREN J 9810 SW 212TH ST				82 Street Add	ress (P.O. Box Number is Not Acceptable)		
MIAMI FL 33189				83		<del></del>	
1410-01	MI 1 E 00 100						
				84 City		FL 85 Zip C	ode
dd Dissessant	to the provisions of Sections 607.0	502 and 607 1508. Florida Sta	tutes the	hove-named con	posetion submits this statement for the nurnes	e of changing its r	registered
office or r	opietorod agent or both in the Sta	taiot Florida, Such change wa	s autnorize	a ny tne corporat	ion's board of directors. I hereby accept the a	ppointment as reg	jistered
agent. I a	m familiar with, and accept the obli	gritions of, Section 507.0505,	Fiorida Sta	tutes.	٠,		j
SIGNATURE,	Signature, typed or printed name of agistered a	igent and title if applicable. (N	TE: Registere	d Agent signature requir	ed when reinstating) DAT	Ē	
12.		AND DIRECTORS	13.	-	ADDITIONS/CHANGES TO OFFICERS		
TITLE	PD	☐ DELETE	1.1 T	πLE		☐ Change	Addition
NAME	VALENCIA, EFREN J		121	IAME			Ì
STREET ADDRESS	9810 SW 212TH ST		1.3 9	TREET ADDRESS			İ
CITY-ST-ZIP	MIAMI FL		1.4 0	CITY-ST-ZIP			
TITLE	VD □ DELETE 2.11		TILE		Change	☐ Addition I	
NAME	ANDRADE, MARIA		2.2 1	IAME			]
STREET ADDRESS	9810 SW 212TH ST		2.3 9	STREET ADDRESS			ł
CITY-ST-ZIP	MIAMI FL			CITY-ST-ZIP			
TITLE	☐ DELETE 3.11		ITLE		☐ Change	Addition	
NAME			3.2	IAME			-
STREET ADDRESS			3.3 9	TREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP		Change	Addition !
TITLE		☐ DELETE		ITLE		Change	L Audition :
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP		☐ Change	Addition
TITLE			5.11	TITLE		_ 5,10,30	
		☐ DELETE	5.31	IAME			
NAME		∐ DELETE		AME			
STREET ADDRESS		☐ DELETE	5.3 9	STREET ADDRESS			
STREET ADDRESS CITY-ST-ZIP			5.3 S	STREET ADDRESS		Change	☐ Addition
STREET ADDRESS			5.3 S 5.4 C	STREET ADDRESS		☐ Change	☐ Addition

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.

6.4 CITY-ST-ZIP

SIGNATURE: X

STREET ADDRESS

Mar 05, 1999 8:00 am Secretary of State

03-05-1999 90015 041 \*\*\*150.00