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

PROFIT CORPORATION ANNUAL REPORT

1997

TITLE NAME

STREET ADDRESS



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P9500003230 (6)

## LIMA PARTS UNLIMITED INC.

## FILED Apr 25 1997 8:00am Secretary of State

Addition

Principal Place of Business		Mailing Address		T 10#11001 100 10101 01141 00111 00111 00111	######################################	
12800 CAIRO L MIAMI FL 3305		12800 CAIRO LANE MIAMI FL 33054-4614				
					3. Date Incorporated or Qualified 01/12/1995	3a. Date of Last Report 07/26/1996
2. Principal Place of Business		2a. Mailing Address		4. FEI Number	Applied For	
Sulte, Apt. #, etc.		Suite, Apt. #, etc.		APPLIED FOR 65.0!	577500 Not Applicable \$8.75 Additional	
		27		5. Certificate of Status Desired	Fee Required	
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be	
23		28		Trust Fund Contribution	Added to Fees	
Zip	Country	Zip Co		•	8. This corporation has liability for in	
24	25		30		Florida Statutes  10. Name and Address of New Reg	Yes No
e, Name and Address of Current Registered Agent				Name	10. Name and Address of New Rec	Istered Agent
	TILLO, JULIO		81			
	DO CAIRO LANE		82	Street Add	ress (P.O. Box Number is Not Acceptable	le)
MIA	MI FL 33054		83			
				0.1		
		•	84	City		FL 85 Zip Codo
office or r	registered agent, or both, in the State im familiar with, and accept the oblig	e of Florida. Such change was a ations of, Section 607.0505, Flo i	autherized by prida Statules	y the corpora s.	poration submits this statement for the pi tion's board of directors. I hereby accep	t the appointment as registered
12.	Signature, typed or printed name of registered ag	not and title it applicable (NOTE ID DIRECTORS	Registered Age	ent signature requi	ired when reinstating) ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTORS IN 12
TITLE	PD	DELETE	1.1 TOLE		ADDITIONS/CHANGES TO OFFIC	Change Addition
NAME	_		1.2 NAME			_ • -
STREET ADDRESS	12800 CAIRO LANE		1.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33054		1.4 CITY - \$1 - ZIP			
TITLE	SD	☐ DELETE	2.1 311LE			Change Addition
NAME	CASTILLO, CARLOS		2.2 NAME			
STREET ADDRESS	12800 CAJRO LANE			ADDRESS		
CITY-ST-ZIP			2 4 CITY-	S1 - ZIP		Change Addition
TITLE NAME		□ Detrie	3.1 TITLE 3.2 NAME			□ cuanãe □ voquiou
STREET ADDRESS			3.3 STREET	ADDDCCC		
CITY-ST-ZIP			3.3 SINCE			
TITLE			4.1 TITLE	31-211		Change Addition
NAME	_		4. 2 NAME			
STREET ADDRESS			4.3 STREET	ADDRESS		
CITY-ST-ZIP	P 44		4.4 C/TY - S	ST - 71P		
TITLE	DELETE 51		5 1 TITLE			☐ Change ☐ Addition
NAME			5.2 NAME			
STREET ADDRESS			5 3 STREET	ļ		
CITY-ST-ZIP			5.4 CITY - 9	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, or on an attachment with an address.

6.3 STREET ADDRESS 6.4 CHY-ST-ZIP

6 1 111LF

6.2 NAME

DELETE

- 11/ 1 . Sec 4 1/67 (205) 1984