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 # **P95000004401 (2)**

1. Corporation Name

RISA AUTO PARTS, INC.

Principal Place of Business	Mailing Address
40 E 46 ST HIALEAH FL 33012	40 E 46 ST HIALEAH FL 33012

3. Date Incorporated or Qualified: 01/18/1995
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 V390 Palm Ave.	26 V390 Palm Ave
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Hialeah fl.	City & State 28 Hialeah Fl
Zip 24 33012 Country 25 Dade	Zip 29 33012 Country 30 Dade

4. FEI Number: 65-0578823 ☐ 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

DIAZ, LESTER
40 E 46 ST
HIALEAH FL 33012

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable) V390 Palm Ave

83

84 City Hialeah, FL 85 Zip Code 33012

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 _____ DATE _____
(Signature, typed or printed name of registered agent, and title if this is applicable) (NOTE: Registered Agent's signature required when registering)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☒ Change ☐ Addition
NAME	DIAZ, LESTER		1.2 NAME		
STREET ADDRESS	40 E 46 ST		1.3 STREET ADDRESS	V390 Palm Ave	
CITY-ST-ZIP	HIALEAH FL 33012		1.4 CITY-ST-ZIP	Hialeah, fl 33012	
TITLE	VS	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	DIAZ, MIRELLA		2.2 NAME		
STREET ADDRESS	40 E 46 ST		2.3 STREET ADDRESS	V390 Palm Ave	
CITY-ST-ZIP	HIALEAH FL 33012		2.4 CITY-ST-ZIP	Hialeah, fl 33012	
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		

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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)(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.

SIGNATURE: X Lester Diaz 2/16/97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #