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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE.
Sandra B. Mcrtham.

Secretary of State

DIVISION OF CORPORATIONS

1996 DOCUMENT #

P95000010238 (0)

1. Corporation Name

CARLINK USED AUTO PARTS, INC.

FILED 96 MAY -1 PH 2: 35 SECRETARY OF STATE TALLAHASSEE, FLORIDA



Principal Place of Business Mailing Address 2167 OPALOCKA BLVD. 2167 OPALOCKA BLVD. MIAMI FL 33054			LOCKA BLVD.			3. Date Incorporated or Qualified 3a. Date of Last Report			
						3. Date Incorporated or Qualified 02/03/1995	3a. Date of La	ist Hep	on
Principal Plac	e of Business	2a. Mailing Ad	ldress			4. EEI Number	2	Aρ	plied For
, Principal Place of Business		26				65-055622	<u>.</u>	No	t Applicable
Suite, Apl. #,	etc	Suite, Apt	#, etc.			5. Certificate of Status Desired	1 1		Additional
		27				3. Company of Carrier 1		Fee Re	<u> </u>
City & State		City & Sta	te			6. Election Campaign Financing			May Be
,		28				Trust Fund Contribution			o Fees
Žιρ	Country	Zip	L	Country		8. This corporation has liability for	intangible tax uni i	uers 19	93.032,
	25	29	30	0		Florida Statutes		nt	
	9. Name and Address of Curr	rent Registered Age	nt	81	Name	30. Name and Address of Nov.	ilogisto.ou rige		
	EMMANUEL			82	Street Addre	ess (P.O. Box Number is Not Accepta	ble)		
	PALOCKA BLVD.			83			_ 		
MIAMI I	FL 33054			63					
	ን			84	City		FL 8	Zip (Code
familiar with	and accept the obligations of, Si	ection 607 0305, FIOI	ida Statutes.	deglotered Age it s		ador sucrinis this scarement or the part of directors. I hereby accept the ap			
7			(146)	ribure in section of	ASSESSED FOR THE SECOND	α) γ/ γ (1 (0 (1 (2 (1 (1 (2 (1 (1 (2 (1 (1 (1 (1 (1 (1 (1 (1 (1 (1 (1 (1 (1			
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14. I do hereby certify that the information supplied with this fling is voluntarily furnished and does not qualify for the exemption stated in Section 1910/10/18, Profiled Statutes And that certify that the information indicated on this annual report or suppliemental annual report is true and accurate and that my signature shall have legal effect as if made under oath; that I am an officer or director of the corplevation 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 attach trust an address.

SIGNATURE: _

CHATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/96 30568-7624