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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000016013 (1)

SOUTH FLORIDA FOREIGN PARTS, INC.

Principal Place of Business Mailing Address 2350 N.W. 147TH STREET 2350 N.W. 147TH STREET OPA LOCKA FL 33054-3128 OPA LOCKA FL 33054 3. Date Incorporated or Qualified 3a, Date of Last Report 02/27/1995 01/24/1996 2. Principal Place of Business 2a. Mailing Address FEI Number Applied For 65-0564152 Not Applicable 26 Suite, Apt. #. etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Ζıp Country Country Zio 8. This corporation has liability for intangible tox under s. 199.032, Yes **X** No 24 25 29 30 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name ORTIZ, EDGAR JR. 5223 S.W. 139 PL. 82 Street Address (P.O. Box Number is Not Acceptable) MIAM! FL 33175 83 84 Zip Code 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 Signature Typical is printed make of registered agent about the disapplicable (NOTE: Registered Agent signature required when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. PVD DELETE Change Addition 11 TITLE TITLE NAME ortiz, edgar jr. 1.2 NAME STREET ADORESS 5223 S.W. 139 PL. 13 STREET ADDRESS **MIAMI FL** 14 CITY-ST-ZIP CITY-ST-ZP DELETE ☐ Addition 2.1 TITLE Change THEE STD RAMOS, FERNANDO 22 NAME NAME 6917 S.W. 16 CT. STREET ADDRESS 2.3 STREET ADDRESS PEMBROKE PINES FI CITY - ST - ZIF 2. 4 CITY - ST - ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY - ST- ZIP CITY - \$1 - 201 ☐ DELETE Change Addition TITLE 5.1 TITLE 5.2 NAME NAME STREET ADDRESS **53 STREET ADDRESS** CHTY-ST-7# 54 CiTY-ST-ZIP Change Addition 1:118 □ DELETE 61 TITLE

6 2 NAME

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

iment with an address

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

information indicated on this annual report or supplementate infual 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 record of the corporation of the record of the corporation of the

SIGNATURE: 🎿

appears in Block 12 or Block

NAME

STREET ADORESS CITY+ST-ZIP

ATURE TAND TYPED ON DEBUTED NAME OF SIGNING OFFICER OR DIRECTOR

/20 /20 /305/687-7200 .

FILED

Jan 28 1997 8:00am

Secretary of State