								3 .
				· · · · · · · · · · · · · · · · · · ·	esterior de la company	N TO THE CO.		
	PLEASE READ PLICATION FOR ISTATEMENT	NT OF STATE ortham State	ALD)					
DOCUMENT # P95000019993 1. Corporation Name AMERICAN PARTS & EQUIPMENT, CORP.					96 NOV 19 AM 10: 28			
					SECRETARY OF STATE TALLAHASSEE, FLORIDA			
Principal P	lace of Business	·ess		·		The China Caratina		
15475 SW MAMI FL	/ 144TH PLACE 33177	15475 SW 1 MAMI FL 3	N 144TH PLACE L 33177					
if above addresses are incorrect in any way, line through incorrect information and er 2. New Principal Office Address, if Applicable 3. New Mailing Office Address				r correction below.	REINS	TATEN	MENT	40
Suite, Apt.		<u> </u>	ing Office Address, I	f Applicable	4. Date incorporated or Qualified To Do Business in Florida 03/10/1985			
City & State		Suite, Apt. #, etc. City & State			5. FEI Number			
Zip	Country	Zip	Count	74	65-0562349 Not Applicable			Not Applicable
					CERTIFICATE OF STATUS DESIRED			
Title(s)	Name of Officers and/or Directors	and/or Directors 3 (Do NOT Use P			ast 3 directors)		City / State / Zip	Control of the
DP SALAS, JUAN A			15475 SW 144TH PLACE			MAMI FL 331	77	
DV	SALAS, MIRAM E	15475 SW 144TH PLACE			MAMI FL 331	7		
DST	SALAS, MARCOS F		15475 SW 144TH PLACE			MAMI FL 331	77	
				•	- 60	-11/21/	01171 '36-01103	6-8 004
						****38	13.75 *** na	*383.75
	8. Name and Address of Current F	anistered Ace	nt .		O. Name and A			$-q_{\ell}$
Name and Address of Current Registered Agent N O41.60 Title A					9. Name and Ac	Someon of New Re	glatered Agent	
SALAS, JUAN A 15475 SW 144TH PLACE				Street Address (F	O. Box Number Is	Not Acceptable)		W) (western
MAM	FL 33177		Suite, Apt. #, Etc.	70 pH			8	
				City	W.	7 7 7 7 7	State Zip Co	X60
10. I, being Signature of Registered	Agent SICILA	UHE	REGI	ith and accept the of	ligations of Section	Deta Deta		
11. Do	es this corporation pay a pt. of Revenue under S.	nv intanoi	ible tax to the	ie utes. Yes	□ No □	(See	Other side for info	
12. I certify this roins owed by	that I am an officer or director or the receive statement application, the reason for dissol the corporation have been paid and the nu pplication is true and accurate, and my sign	er or trustee em	powered to execute	this application as p	roylded for in chap the requirements o	ler 607 or 617, F.6 f section 607,0401 r section 119.07(3	. I further certify th	el when fling
SIGNAT	URE: SUMMON AND TYPED ON FROM JUAN A. S	ALAS	EQUIF	RED		Date	Desime Pro	•
	· · · · · · · · · · · · · · · · · · ·	理论从决定	148、冷型的特別	可能的数据。 第166章	STATE OF STATE	[数]等特殊的	SI AMERICAN STATE	