

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

FILED

Apr 17 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P95000029746 (1)

1. Corporation Name  
TAMIAMI PARTS & SUPPLIES CORP.



Principal Place of Business Mailing Address  
~~11043 S.W. 78TH AVE.~~ ~~11043 S.W. 78TH AVE.~~  
~~MIAMI FL 33150~~ ~~MIAMI FL 33150-0737~~

3. Date Incorporated or Qualified 04/17/1995  
3a. Date of Last Report 04/30/1996

2. Principal Place of Business 2a. Mailing Address  
21 18403 SW 89 PL. 26 18403 SW 89 PL  
State, Apt. #, etc. Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 MIAMI FL 28 MIAMI FL  
Zip Country Zip Country  
24 33157 25 DADE 29 33157 30 DADE

4. FEI Number 65-0582893 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  
~~MELENZ, NORBERTO~~  
~~11043 S.W. 78TH AVE.~~  
~~MIAMI FL 33148~~

10. Name and Address of New Registered Agent  
81 Name MENDES, NORBERTO  
82 Street Address (P.O. Box Number is Not Acceptable) 18403 SW 89 PL  
83  
84 City MIAMI FL 85 Zip Code 33157

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 \* *Norberto Mendes* 3-7-97  
Signature, typed or printed name of registered agent as of the date if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
PD	<del>MELENZ, NORBERTO</del>	<del>11043 S.W. 78TH AVE.</del>	<del>MIAMI FL 33150</del>	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
PD	MENDES, NORBERTO	18403 SW 89 PL	MIAMI FL 33157	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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.

SIGNATURE: \* *Norberto Mendes* 3-7-97 (305) 253-9093  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)