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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:

TAMAMI PARTS & SUPPLIES CORP.



Principal Place of Business

Mailing Address

~~11043 S.W. 78TH AVE.~~
~~MIAMI FL 33150~~

~~11043 S.W. 78TH AVE.~~
~~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

21 18403 SW 89 PL.

2a. Mailing Address

26 18403 SW 89 PL

State, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 MIAMI FL

28 MIAMI FL

Zip

Country

Zip

Country

24 33157

25

DADE

29 33157

30

DADE

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

~~MENDES, NORBERTO~~
~~11043 S.W. 78TH AVE.~~
~~MIAMI FL 33140~~

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

Signature typed or printed name of registered agent and date if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

Norberto Mendes

3-7-97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE
NAME ~~MENDES, NORBERTO~~
STREET ADDRESS ~~11043 S.W. 78TH AVE.~~
CITY-ST-ZIP ~~MIAMI FL 33150~~

1.1 TITLE PD ☒ Change ☐ Addition
1.2 NAME MENDES, NORBERTO
1.3 STREET ADDRESS 18403 SW 89 PL
1.4 CITY-ST-ZIP MIAMI FL 33157

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

Norberto Mendes

3-7-97 (305) 243-9093

0212962

CR2E034 (9/96)