

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P95000029773 (5)**

1. Corporation Name

KURA PARTS AUTO SERVICE, INC.



Principal Place of Business

17440 NW 2ND AVE.
MIAMI FL 33169

Mailing Address

17440 NW 2ND AVE.
MIAMI FL 33169

3. Date Incorporated or Qualified

04/10/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

65-0576053

Applied For

Not Applicable

21 Suite, Apt #, etc.

26 Suite, Apt #, etc.

5. Certificate of Status Desired

\$8.75 Additional Fee Required

22 City & State

27 City & State

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

23 Zip

25 Country

28 Zip

30 Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

~~BENEDETTI, RAFAEL E~~
~~18970 BOB O LINK DR.~~
~~MIAMI FL 33015~~

10. Name and Address of New Registered Agent

81 Name: **SHELBY E. CABEZAS**
82 Street Address (P.O. Box Number is Not Acceptable): **19201 NW 88 COURT**
83
84 City: **MIAMI** FL 85 Zip Code: **33015**

11. Pursuant to the provisions of Sections 607.062 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 607.0605, Florida Statutes.

SIGNATURE

[Signature]

12. OFFICERS AND DIRECTORS

| | | |
|-----------------|-----------------------------------|---------------------------------|
| TITLE | PD D | <input type="checkbox"/> DELETE |
| NAME | CABEZAS, SHELBY E | |
| STREET ADDRESS | 10103 NW COSTA DEL SOL | |
| CITY - ST - ZIP | MIAMI FL | |
| TITLE | PD PD | <input type="checkbox"/> DELETE |
| NAME | SILVA, CANDELARIO | |
| STREET ADDRESS | 18970 BOB O LINK DR. | |
| CITY - ST - ZIP | MIAMI FL 33015 | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|---------------------|------------------------------|--|
| 1.1 TITLE | D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | SHELBY E. CABEZAS | |
| 1.3 STREET ADDRESS | 19201 NW 88 COURT | |
| 1.4 CITY - ST - ZIP | MIAMI, FL. 33015 | |
| 2.1 TITLE | PD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | CANDELARIO SILVA | |
| 2.3 STREET ADDRESS | 17440 NW 2ND. AVENUE | |
| 2.4 CITY - ST - ZIP | MIAMI, FL. 33169 | |
| 3.1 TITLE | VD | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 3.2 NAME | RAUL VALLEJO | |
| 3.3 STREET ADDRESS | 17440 NW 2ND. AVENUE | |
| 3.4 CITY - ST - ZIP | MIAMI, FL. 33069 | |
| 4.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | | |
| 4.3 STREET ADDRESS | | |
| 4.4 CITY - ST - ZIP | | |
| 5.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | | |
| 5.3 STREET ADDRESS | | |
| 5.4 CITY - ST - ZIP | | |
| 6.1 TITLE | 600001876346 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | -06/26/96--01070--040 | |
| 6.3 STREET ADDRESS | ***225.00 | |
| 6.4 CITY - ST - ZIP | | |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**PRESIDENT
CANDELARIO SILVA**

(305) 653 3494
P.S. C15196

CR2E034 (12/95)