

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

FILED
May 19 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Morthari Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000040249 (1)

1. Corporation Name
HIALEAH DISCOUNT AUTO PARTS, INC.

Principal Place of Business 2290 PALM AVE. BAY 3 HIALEAH FL 33010	Mailing Address 2290 PALM AVE. BAY 3 HIALEAH FL 33010-2217
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 05/22/1995	3a. Date of Last Report 09/13/1996
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.			4. FET Number APPLIED FOR 65-0582902	Applied For Not Applicable
22. City & State	27. City & State			5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
23. Zip	28. Zip			6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
24. Country	29. Country			8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No	

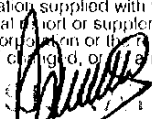
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
LOPEZ, LAZARO J ESQ. 255 ALHAMBRA CIRCLE SUITE 420 CORAL GABLES FL 33134		81. Name	
		82. Street Address (P.O. Box Number is Not Acceptable)	
		83. City	
		84. State	FL
		85. Zip Code	

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, typed or printed name of registered agent and title, if applicable		(NOTE: Registered Agent signature required when reinstating)		DATE									
12. OFFICERS AND DIRECTORS								13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12							
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ DELETE	1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	☐ Change ☐ Addition						
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ DELETE	2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP	☐ Change ☐ Addition						
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ DELETE	3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP	☐ Change ☐ Addition						
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ DELETE	4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP	☐ Change ☐ Addition						
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ DELETE	5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP	☐ Change ☐ Addition						
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ DELETE	6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP	☐ Change ☐ Addition						

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 as an attachment with an address.

SIGNATURE:



4/21/97

CP2E034 (9/96)