...PROFIT CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
...MUST BE FILED ON OR BEFORE 05/30/98. $550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE $150).

PROFIT CORPORATION ANNUAL REPORT 1998

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

FILED
May 17, 1999 8:00 am
Secretary of State
05-17-1999 90057 010 ***150.00

DOCUMENT # ~~H~~P95000042196 (6)

1 Corporation Name
CUETO-USEDI AUTO PARTS, INC.

[redacted]

Principal Place of Business	Mailing Address
10440 N.W. 32ND AVE MIAMI FLA 33147	10440 N.W. 32ND AVE MIAMI, FLA 33147

DO NOT WRITE IN THIS SPACE

Date Incorporated or Qualified: 05/31/95

21 Principal Place of Business	26 Mailing Address	FEI Number: 65-0588392	Applie / Not Ap
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.	Certificate of Status Desired ☐	$8.75 Add Fee Requ
23 City & State	28 City & State	Election Campaign Financing Trust Fund Contribution ☐	$5.00 Ma Added to
24 Zip / 25 Country	29 Zip / 30 Country	This corporation owes or has paid the current year Interim Personal Property Tax due June 30. ☑ Yes ☐ N	

Name and Address of Current Registered Agent

ROLANDO CUETO
10440 N.W. 32ND AVE
MIAMI, FLORIDA 33147

Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City FL 85 Zip Cod

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 regis... 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 regis... agent. I am familiar with, and accept the obligations of, section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

OFFICERS AND DIRECTORS

TITLE	PD	☐ DELETE	1.1 TITLE
NAME	ROLANDO CUETO		1.2 NAME
STREET ADDRESS	10440 N.W. 32 AVE		1.3 STREET ADDRESS
CITY-ST-ZIP	MIAMI, FLORIDA 33147		1.4 CITY-ST-ZIP
TITLE	VPD	☐ DELETE	2.1 TITLE
NAME	YOSBEL CUETO		2.2 NAME
STREET ADDRESS	10440 N.W. 32 AVE		2.3 STREET ADDRESS
CITY-ST-ZIP	MIAMI, FLA 33147		2.4 CITY-ST-ZIP
TITLE		☐ DELETE	3.1 TITLE
NAME			3.2 NAME
STREET ADDRESS			3.3 STREET ADDRESS
CITY-ST-ZIP			3.4 CITY-ST-ZIP
TITLE		☐ DELETE	4.1 TITLE
NAME			4.2 NAME
STREET ADDRESS			4.3 STREET ADDRESS
CITY-ST-ZIP			4.4 CITY-ST-ZIP
TITLE		☐ DELETE	5.1 TITLE
NAME			5.2 NAME
STREET ADDRESS			5.3 STREET ADDRESS
CITY-ST-ZIP			5.4 CITY-ST-ZIP
TITLE		☐ DELETE	6.1 TITLE
NAME			6.2 NAME
STREET ADDRESS			6.3 STREET ADDRESS
CITY-ST-ZIP			6.4 CITY-ST-ZIP

☐ Change

I 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 inform... 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 ... 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 app... in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Rolando Cueto ROLANDO CUETO PRESIDENT 4/28/99 305-884-1700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #