


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

FILED

Feb 25 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 # P95000067208 (5)																																																																	
1. Corporation Name M.P.L. AUTO PARTS, INC.																																																																	
2. Principal Place of Business 411 SW 47TH AVE SUITE 319 FT. LAUDERDALE FL 33314 US			Mailing Address 1360 SW 29TH AVENUE FORT LAUDERDALE FL 33312-2849																																																														
2. Principal Place of Business 21 4011 SW 47th AVE Suite, Apt. #, etc. 22 Suite 1108 City & State 23 DAVIE, FL Zip 24 33314		2a. Mailing Address 26 4011 SW 47th AVE Suite, Apt. #, etc. 27 Suite 1108 City & State 28 DAVIE, FL Zip 29 33314		3. Date Incorporated or Qualified 08/30/1995																																																													
25 US		30 US		3a. Date of Last Report 03/26/1996																																																													
9. Name and Address of Current Registered Agent FERNANDEZ, EDUARDO 520 BRICKELL KEY DRIVE STE 305 MIAMI FL 33131		10. 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 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 _____ DATE _____ <small>(Signature required for change of registered agent and title if applicable) (NOTE: Registered Agent: signature required when reinstating)</small>																																																																	
12. OFFICERS AND DIRECTORS																																																																	
<table border="1"> <tr> <td>TITLE</td> <td>PD</td> <td><input type="checkbox"/> DELETE</td> </tr> <tr> <td>NAME</td> <td>MARTI, ALEJANDRO L</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>4111 SW 47TH AVE, SUITE 319</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>FORT LAUDERDALE FL</td> <td></td> </tr> <tr> <td>TITLE</td> <td>SD</td> <td><input type="checkbox"/> DELETE</td> </tr> <tr> <td>NAME</td> <td>LAZARO, JOSE L</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>4111 SW 47TH AVE, SUITE 319</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>FORT LAUDERDALE FL</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> DELETE</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> DELETE</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> DELETE</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> </table>						TITLE	PD	<input type="checkbox"/> DELETE	NAME	MARTI, ALEJANDRO L		STREET ADDRESS	4111 SW 47TH AVE, SUITE 319		CITY - ST - ZIP	FORT LAUDERDALE FL		TITLE	SD	<input type="checkbox"/> DELETE	NAME	LAZARO, JOSE L		STREET ADDRESS	4111 SW 47TH AVE, SUITE 319		CITY - ST - ZIP	FORT LAUDERDALE FL		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		
TITLE	PD	<input type="checkbox"/> DELETE																																																															
NAME	MARTI, ALEJANDRO L																																																																
STREET ADDRESS	4111 SW 47TH AVE, SUITE 319																																																																
CITY - ST - ZIP	FORT LAUDERDALE FL																																																																
TITLE	SD	<input type="checkbox"/> DELETE																																																															
NAME	LAZARO, JOSE L																																																																
STREET ADDRESS	4111 SW 47TH AVE, SUITE 319																																																																
CITY - ST - ZIP	FORT LAUDERDALE FL																																																																
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																																																																	
<table border="1"> <tr> <td>1.1 TITLE</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>1.2 NAME</td> <td></td> </tr> <tr> <td>1.3 STREET ADDRESS</td> <td></td> </tr> <tr> <td>1.4 CITY - ST - ZIP</td> <td></td> </tr> <tr> <td>2.1 TITLE</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>2.2 NAME</td> <td></td> </tr> <tr> <td>2.3 STREET ADDRESS</td> <td></td> </tr> <tr> <td>2.4 CITY - ST - ZIP</td> <td></td> </tr> <tr> <td>3.1 TITLE</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>3.2 NAME</td> <td></td> </tr> <tr> <td>3.3 STREET ADDRESS</td> <td></td> </tr> <tr> <td>3.4 CITY - ST - ZIP</td> <td></td> </tr> <tr> <td>4.1 TITLE</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>4.2 NAME</td> <td></td> </tr> <tr> <td>4.3 STREET ADDRESS</td> <td></td> </tr> <tr> <td>4.4 CITY - ST - ZIP</td> <td></td> </tr> <tr> <td>5.1 TITLE</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>5.2 NAME</td> <td></td> </tr> <tr> <td>5.3 STREET ADDRESS</td> <td></td> </tr> <tr> <td>5.4 CITY - ST - ZIP</td> <td></td> </tr> <tr> <td>6.1 TITLE</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>6.2 NAME</td> <td></td> </tr> <tr> <td>6.3 STREET ADDRESS</td> <td></td> </tr> <tr> <td>6.4 CITY - ST - ZIP</td> <td></td> </tr> </table>						1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	1.2 NAME		1.3 STREET ADDRESS		1.4 CITY - ST - ZIP		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	2.2 NAME		2.3 STREET ADDRESS		2.4 CITY - ST - ZIP		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	3.2 NAME		3.3 STREET ADDRESS		3.4 CITY - ST - ZIP		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	<input type="checkbox"/> Change <input type="checkbox"/> Addition	6.2 NAME		6.3 STREET ADDRESS		6.4 CITY - ST - ZIP													
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																
1.2 NAME																																																																	
1.3 STREET ADDRESS																																																																	
1.4 CITY - ST - ZIP																																																																	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																
2.2 NAME																																																																	
2.3 STREET ADDRESS																																																																	
2.4 CITY - ST - ZIP																																																																	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																
3.2 NAME																																																																	
3.3 STREET ADDRESS																																																																	
3.4 CITY - ST - ZIP																																																																	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																
6.2 NAME																																																																	
6.3 STREET ADDRESS																																																																	
6.4 CITY - ST - ZIP																																																																	



CR2E034 (9/96)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Alejandro Marti

2-17-97

(954) 587-3975