

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

PROFIT CORPORATION ANNUAL REPORT 1998



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

FILED

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98 DEC 18 PM 2:57

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P95000083174

1. Corporation Name  
S.R. AMERICAN PARTS CORPORATION

Principal Place of Business: 5512 NW 114 AVE. #307 Miami, FL 33178  
Mailing Address: 5512 NW 114 AVE. #307 MIAMI, FL 33178

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/26/1995

4. FEI Number: 65-0620304 Applied For: Not Applicable

5. Certificate of Status Desired:  \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

2. Principal Place of Business (21-23) and 2a. Mailing Address (24-30) fields.

9. Name and Address of Current Registered Agent  
FONTELES, SERGIO S.  
5512 NW 114 AVE. #307  
Miami, FL 33178

10. Name and Address of New Registered Agent (81-85) fields.

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] DATE: [Blank]

12. OFFICERS AND DIRECTORS

12.1	NAME: FONTELES, SERGIO S.	STREET ADDRESS: 5512 NW 114 AVE. #307	CITY, ST, ZIP: Miami, FL 33178	<input type="checkbox"/> DELETE
12.2	NAME:	STREET ADDRESS:	CITY, ST, ZIP:	<input type="checkbox"/> DELETE
12.3	NAME:	STREET ADDRESS:	CITY, ST, ZIP:	<input type="checkbox"/> DELETE
12.4	NAME:	STREET ADDRESS:	CITY, ST, ZIP:	<input type="checkbox"/> DELETE
12.5	NAME:	STREET ADDRESS:	CITY, ST, ZIP:	<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1	11 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
13.2	12 NAME:
13.3	13 STREET ADDRESS:
13.4	14 CITY, ST, ZIP:
13.5	15 TITLE:
13.6	16 NAME:
13.7	17 STREET ADDRESS:
13.8	18 CITY, ST, ZIP:
13.9	19 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
13.10	20 NAME:
13.11	21 STREET ADDRESS:
13.12	22 CITY, ST, ZIP:
13.13	23 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
13.14	24 NAME:
13.15	25 STREET ADDRESS:
13.16	26 CITY, ST, ZIP:
13.17	27 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
13.18	28 NAME:
13.19	29 STREET ADDRESS:
13.20	30 CITY, ST, ZIP:

000002724100--9  
-12/29/98--01002--022  
\*\*\*\*150.00

12-18-98

14. I hereby certify that the information contained on this filing does not qualify for the exception stated in Section 119.07(3)(c) Florida Statutes. I further certify that the information contained on this filing was prepared or approved by the corporation, 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 registered or limited employee, or authorized 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 my name is listed with an address.

SIGNATURE: [Signature] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

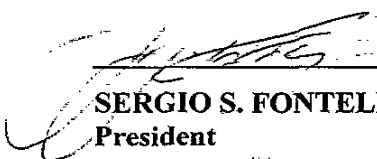
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Division of Corporations  
P.O. BOX 6327  
Tallahassee, Fl 32314

Per instructions from Division Of Corporations, I am attaching a check in the amount of \$150.00 for the annual report fee with my application.

I also state that I have not received any notice from the Division Of Corporations in respect with my corporation **S.R. AMERICAN PARTS CORPORATION.**

Thank you for your courtesy in this matter.

  
**SERGIO S. FONTELES**  
President