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Apr 10 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 # P95000084022 (9)

1. Corporation Name

COMMERCIAL AUTO PART DISTRIBUTORS CORP.

Principal Place of Business

2151 LE JEUNE RD., MEZZANINE
CORAL GABLES FL 33134

Mailing Address

2151 LE JEUNE RD., MEZZANINE
CORAL GABLES FL 33134-4200

3. Date Incorporated or Qualified
10/30/1985

3a. Date of Last Report
05/01/1996

2. Principal Place of Business

21 2692 S.W. 137TH AV

2a. Mailing Address

26 2692 S.W. 137TH AV

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 MIAMI, FL

City & State

28 MIAMI, FL

Zip

24 33175

Country

25 USA

Zip

29 33175

Country

30 USA

4. FEI Number

65-0847035

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 has liability for intangible tax under s. 199.032, Florida Statutes

Yes

No

9. Name and Address of Current Registered Agent

WILSON, J. EVERETT
2151 LE JEUNE RD., MEZZANINE
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name

JUAN J. SANCHEZ

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

2692 S.W. 137TH AVE

83

84 City

MIAMI

FL

85 Zip Code

33175

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

TITLE D
NAME WILSON, J. EVERETT
STREET ADDRESS C/O WILSON & SUAREZ, 2151 LEJEUNE RD.
CITY-ST-ZIP CORAL GABLES FL 33134

TITLE S
NAME GONZALEZ, AVEL A.
STREET ADDRESS 2076 SW 137 AVE
CITY-ST-ZIP MIAMI FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE DP
1.2 NAME JUAN J. SANCHEZ
1.3 STREET ADDRESS 2692 S.W. 137TH AVE
1.4 CITY-ST-ZIP MIAMI, FL 33175

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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 on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)