

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED

97 NOV 17 AM 10:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 795000093269
1. Corporation Name

GERMAN AUTO PARTS, INC.

Principal Place of Business

Mailing Address

229 S. E. 2nd Street
Miami, Florida 33131

3. Date Incorporated or Qualified
12/07/1995

3a. Date of Last Report
04/07/1997

2. Principal Place of Business

2a. Mailing Address

21 229 S. E. 2nd Street

26 229 S. E. 2nd Street

4. FEI Number
65-0644529

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

City & State

City & State

23 Miami, Florida

28 Miami, Florida

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

Zip
24 33131

Country
25 U.S.A.

Zip
29 33131

Country
30 U.S.A.

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 Now Registered Agent

Friedman, Steven
465 Ocean Drive, Apt. 508
Miami Beach, Florida 33139

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when installing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D/P/T ☐ DELETE

1.1 TITLE ☐ Change ☐ Addition

NAME Thomas E. Schulz
STREET ADDRESS 229 S. E. 2nd Street
CITY-ST-ZIP Miami, Florida 33131

1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE D/VP/S ☐ DELETE

2.1 TITLE ☐ Change ☐ Addition

NAME Uwe K. Kuether
STREET ADDRESS 229 S. E. 2nd Street
CITY-ST-ZIP Miami, Florida 33131

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

700002351187-9
-11/18/97-01097-004
*****70.00 *****70.00

TITLE ☐ DELETE

3.1 TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE

4.1 TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE

5.1 TITLE ☐ Change ☒ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE

6.1 TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this report 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 in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/13/97

(305) 375-6087

Date

Daytime Phone #

CP2E034 (9/96)