

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P95000097891 (2)

1. Corporation Name

NATIONAL USED AUTO PARTS, INC.



Principal Place of Business

8451 N.W. 96TH STREET  
MEDLEY FL

Mailing Address

8451 N.W. 96TH STREET  
MEDLEY FL

2. Principal Place of Business

21

Same

2a. Mailing Address

26

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

3. Date Incorporated or Qualified

12/29/1995

3a. Date of Last Report

4. FEI Number

65-0638590

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 or intangible tax under s. 199.032,  
Florida Statutes Yes ☒ No ☒

9. Name and Address of Current Registered Agent

GIRALDO, ELKIN D  
8451 N.W. 96TH STREET  
MEDLEY FL 33166

10. Name and Address of New Registered Agent

81

Name

REZA HEIDARY

82

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

4350 E 8 CT

83

84

City

Hialeah

FL

85 Zip Code

33013

11. Pursuant to the provisions of Sections 607.0902 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

REZA HEIDARY

REZA HEIDARY

4/6/96

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

PD

GIRALDO, ELKIN D  
20730 N.W. 3RD COURT  
PEMBROKE PINES FL 33029

DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

D

HAJI, DAVID  
4375 EAST 8TH COURT  
HIALEAH FL 33013

DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

DELETE

NAME

STREET ADDRESS

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NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

PD

REZA HEIDARY

Change

Addition

1.2 NAME

REZA HEIDARY

1.3 STREET ADDRESS

4350 E 8 CT

1.4 CITY - ST - ZIP

Hialeah, FL 33013

2.1 TITLE

D

Maryam, Hajaghaie

Change

Addition

2.2 NAME

Maryam, Hajaghaie

2.3 STREET ADDRESS

4375 E 8 CT

2.4 CITY - ST - ZIP

Hialeah, FL 33013

3.1 TITLE

DELETE

Change

Addition

3.2 NAME

DELETE

3.3 STREET ADDRESS

DELETE

3.4 CITY - ST - ZIP

DELETE

4.1 TITLE

DELETE

Change

Addition

4.2 NAME

DELETE

4.3 STREET ADDRESS

DELETE

4.4 CITY - ST - ZIP

DELETE

5.1 TITLE

DELETE

Change

Addition

5.2 NAME

DELETE

5.3 STREET ADDRESS

DELETE

5.4 CITY - ST - ZIP

DELETE

6.1 TITLE

DELETE

Change

Addition

6.2 NAME

DELETE

6.3 STREET ADDRESS

DELETE

6.4 CITY - ST - ZIP

DELETE

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

David. Haji

4/6/96 (305) 887-0729

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)