

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Apr 26, 1999 8:00 am  
Secretary of State

04-26-1999 90042 028 \*\*\*150.00

DOCUMENT # P96000004176

1. Corporation Name

TEJON USED TRUCK PARTS, INC.



Principal Place of Business

Mailing Address

11200 NW SO. RIVER DR  
BAY #6  
MEDLEY FL 33178  
US

10901 NW SO. RIVER DRIVE  
MEDLEY FL 33178  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/12/1996

4. FEI Number

65-0640804

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 the current year intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 10910 N.W. SO. RIVER DR

Suite, Apt. #, etc.

22

City & State

23 MEDLEY FL

Zip

24 33178

Country

25 US

2a. Mailing Address

26 SAME

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

TEJON, PEDRO B  
2607 SW 177 AVE  
MIRAMAR FL 33029

10. Name and Address of New Registered Agent

81 Name

TEJON PEDRO B.

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

17933 S.W. 33 ST.

83

84 City

MIRAMAR, FL

FL

85 Zip Code

33029

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

*Pedro B. Tejon*  
Signature of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME TEJON, ARAMIS R

STREET ADDRESS 2607 SW 177 AVE

CITY-ST-ZIP MIRAMAR FL 33029

TITLE VP ☐ DELETE

NAME ALMEIDA, RAMON

STREET ADDRESS 3961 NW 1 ST

CITY-ST-ZIP MIAMI FL

TITLE ST ☐ DELETE

NAME TEJON, ELSA

STREET ADDRESS 2607 SW 177 AVE

CITY-ST-ZIP MIRAMAR FL

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

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 ☒ Change ☐ Addition

1.2 NAME TEJON, ARAMIS R.

1.3 STREET ADDRESS 17992 S.W. 33 ST.

1.4 CITY-ST-ZIP MIRAMAR, FL 33029

2.1 TITLE ST ☒ Change ☐ Addition

2.2 NAME TEJON ELSA

2.3 STREET ADDRESS 17992 S.W. 33 ST.

2.4 CITY-ST-ZIP MIRAMAR, FL 33029

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE:

*ARAMIS R. TEJON*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

(305) 889-2029  
Daytime Phone #

CR2E034 (11/98)

0257608