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

DOCUMENT # P9600006490 (2) J & J PARTS EXPORT INC.

Principal Place of Business

Mailing Address

4899 N. FEOERAL HWY. STE. 1060

4699 N. FEDERAL HWY, STE. 108G

FILED Apr 21 1997 8:00am Secretary of State



Sulte, Apt. #, etc. 22 City & State	2a. Mailing Address 26			3. Date Incorporated or Qualified	3a. Date of Last Report
21 Sulte, Apt. #, etc. 22 City & State	- -			01/17/1996	1
Sulte: Apt. #, etc. 22 City & State	26	Principal Place of Business 2a. Mailing Address		4. FEI Number	Applied For
22 City & State	21 26			65-0635139	Not Applicable
City & State				5. Certificate of Status Desired	\$8.75 Additional Fee Required
22	City & State City & State			6. Election Campaign Financing	\$5.00 May Be
	28			Trust Fund Contribution	Added to Fees
Zip Country	Zip ──	~~~~	intry	8. This corporation has liability for in	
24 25 25 Current Re	29 anistered Agent	30	1	Florida Statutes L 10. Name and Address of New Reg	Yes No
SATLER, JORGE	ogistered Agent		81 Name		
4699 N. FEDERAL HWY, STE. 108G			<u> </u>	ARMINO ROSSINI	
POMPANO BEACH FL 33064			82 Street Addr	rass (P.O. Box Number is Not Acceptable	SVE. 1085.
I OM FATO DESCRIPTE COUCH			83	03	1.01-1111
			60 60		
Alan da			84 City	COMPANO BEACH	FL 85 Zip Code
11. Pursuant to the provisions of Sections 607,0502 and office or registered agent or both, in the State of Fagent. I am familiar with and accept the obligation	d 607.1508 Florida Statut	tes, the a	bove-named corp	poration submits this statement for the pu	urpose of changing its registered
agent. I am familiar with and accept the obligation	is of, Section 647.0505, FI	orida Sta	id by the corporat tutës:	tion's board of directors, Thereby accept	tine appointment as registered
SIGNATURE / ////					1-11-91/
Shape a typed or printed name of egg-cred agent an			d Agent signature requir		DATE
12. OFFICERS AND D	DELETE	13.	out C	ADDITIONS/CHANGES TO OFFIC	Change A Addition
NAME NAME	Ghan-DE occur	1.2 N	AME S	ARMIN'S ROSSINE SAN	Totalice Plumber
STREET ADDRESS	224		TREET ADDRESS	KANDERAL H-	y 6 TE 1085
Y-ST-ZIP			ITY-S1-ZIP	O Dear Rosell B	22064
DELETE			TUE 7	RESIDENT 1699 N. FEDERAL H- POMPANY BEACH PL 0 dR160 UCLOSO GOUL	ART Change Addition
AE		22 N	AME C	UP IF DAFFILLENT	
STREET ADDRESS	ESS		TREE I ADDRESS	GG N FEDERAL HUY	Ste-108 C
CITY-ST-ZIP				CE PRESIDENT 699 N. FEDERAL HUY OMPANO BEACH PL	33064.
TITLE	DELETE				Change Addition
NAME	ss .		AME (
STREET ADDRESS			TREET ADDRESS		
CITY-ST-ZIP	Double		CITY - ST - ZIP		
TITLE	L. J DELETE		11.6		Change Additio
NAME		4. 2 N			
STREET ADDRESS	+	1	TREET ADDRESS		
CITY-ST-ZIP			ITY-ST-ZIP		Change Addition
NAME	LL WELL		AME		- Change - Chroming
STREET ADDRESS			TREET ADDRESS		
CITY-ST-ZIP			11Y-S1-ZIP		
TITLE	DELETE				Change Additio
NAME		62 N	AME		
STREET ADDRESS		635	TREE1 ADDRESS		
CITY-ST-ZIP		6.4 C	ITY-\$1-ZIP		
14. I do hereby certify that the information supplied with information indicated on this annual report or supplied an officer or director of the corporation of the appears in Block 12 or Block 13 if changes, or op	ith this filing does not qual	fu for the	evernation states	d in Section 119.07(3)(i), Florida Statutes	. I further certify that the