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

**PROFIT** CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P96000006938 (0)

ELECTRO PARTS, INC.

Principal Place of Business

8338 N.W. 68 ST MIAMI FL 33166

Mailing Address

8338 N.W. 68 ST. MIAMI FL 33166

US

## **FILED** Feb 09 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/23/1996

01-21-98

|   | lace of Business   | 2a. Mailing Address | 68 strel  | 4. FEI Number                                | Applied For                       |
|---|--------------------|---------------------|---|--|-----------------------------------|
| 21 835  | 7 N.W. 68 Street   | 26 8357 N.W.        | PA STHEE  | 65-0638512                                   | Not Applicable                    |
| Suite, Apt.   | #, etc.            | Suite, Apt. #, etc. |   | 5. Certificate of Status Desired             | \$8.75 Additional<br>Fee Required |
| City & State  |                    | City & State        | FL.   | 6. Election Campaign Financing               | \$5.00 May Be                     |
| 23 MIA  |                    | 28 HIAM)            |   | Trust Fund Contribution                      | Added to Fees                     |
| Zip 2 1 4   | Country S.A.       | Zip<br>29 33166 30  | Country S. A.   | 8. This corporation owes or has paid the cur |                                   |
| 24 3 3 1 6 25 4. 3. 4. 29 3 3 1 6 30 4. 3. No Personal Property Tax due June 30. Lyes No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent   |                    |                     |   |  |                                   |
| lost v  |                    |                     |   |  |                                   |
| BERNAL, RAMIRO E !'   |                    |                     |   |  |                                   |
| MIAMI FL 33183  |                    |                     | 82 Street Address (P.O. Box Number is Not Acceptable) |  |                                   |
| i Mir-  | WII FL 33103       |                     | 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 tamiliar with, and accept the obligations of, Section 607,0505, Fiorida 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           | 13.   | ADDITIONS/CHANGES TO OFFICERS AND            | DIRECTORS IN 12                   |
| TITLE   | PS                 | DELETE              | 1.1 TITLE   |  | Change Addition                   |
| NAME  | BERNAL, RAMIRO     | ļ                   | 1.2 NAME  |  |                                   |
| STREET ADDRESS  | 13454 SW 71 STREET |                     | 1.3 STREET ADDRESS                                    | ,  |                                   |
| CiTY - ST - ZIP   | MIAMI FL 33183     |                     | 1.4 CITY - ST - ZIP                                   |  |                                   |
| TITLE   |                    | ☐ DELETE            | 2.1 TITLE   |  | ☐ Change ☐ Addition               |
| NAME  |                    |                     | 2.2 NAME  |  |                                   |
| STREET ADDRESS  |                    |                     | 2.3 STREET ADDRESS                                    |  |                                   |
| CITY - ST - ZIP   |                    |                     | 2. 4 CITY - ST - ZIP                                  |  |                                   |
| TITLE   |                    | ☐ DELETE            | 3.1 TITLE   |  | ☐ Change ☐ Addition               |
| NAME  |                    |                     | 3 2 NAME_   |  |                                   |
| STREET ADDRESS  |                    |                     | 3.3 STREET ADDRESS                                    |  |                                   |
| CITY-ST-ZIP   |                    |                     | 3.4. CITY-ST-ZIP                                      |  |                                   |
| TITLE   |                    | ☐ DELETE            | 4.1 TITLE   |  | ☐ Change ☐ Addition I             |
| NAME<br>STORES ADDOCAD  |                    | j                   | 4. 2 NAME   |  |                                   |
| STREET ADORESS  |                    |                     | 4.3 STREET ADDRESS                                    |  | 1                                 |
| CITY-ST-ZIP<br>TITLE  |                    | T DELETE            | 4.4 CITY-ST-ZIP<br>5.1 TITLE                          |  | Change Addition                   |
| NAME  |                    | [                   | 5.7 MILE<br>5.2 NAME                                  |  | T availage T Virgition            |
| STREET ADDRESS  |                    |                     | 5.3 STREET ADDRESS                                    |  |                                   |
| CITY-ST-ZIP   |                    | į                   | 5.4 CITY-ST-ZIP                                       |  |                                   |
| TITLE   |                    | DELETE              | 6.1 TITLE   |  | Change Addition                   |
| NAME  |                    |                     | 6.2 NAME  |  |                                   |
| STREET ADDRESS  |                    |                     | 6.3 STREET ADDRESS                                    |  |                                   |
| CITY-ST-ZIP   |                    |                     | 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   |                    |                     |   |  |                                   |
| 14. I hereby certify that the information supplied with this filing does not sualify 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 of the receipt of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in |                    |                     |   |  |                                   |