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Mar 19 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTME[illegible]F STATE
Sandra B. Mc[illegible]am
Secretary of [illegible]
DIVISION OF CORP[illegible]ATIONS

DOCUMENT # **P96000013505 (8)**

1. Corporation Name
DORAL TRUCK PARTS INC.

Principal Place of Business	Mailing Address
9737 N.W. 41ST STREET #111 MIAMI FL 33178	9737 N.W. 41ST STREET #111 MIAMI FL 33178-2924

3. Date Incorporated or Qualified: 02/13/1996
3a. Date of Last Report:

2. Principal Place of Business
21 5580 NW 84 ave
22 [illegible]
23 Miami, FL
24 331604 25 Dade

2a. Mailing Address
26 5580 NW 84 AVE
27
28 Miami, FL
29 331604 30 Dade

4. FEI Number: 65-0606060 ☐ 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 for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

SKRLD, INC.
201 ALHAMBRA CIRCLE
SUITE 1102
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

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 [illegible] (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD NAME ANTONIAZZI, GIORGIO STREET ADDRESS 9737 N.W. 41ST ST. #111 CITY-ST-ZIP MIAMI FL 33178	☐ DELETE	11 TITLE 12 NAME Antoniazzi, Giorgio 13 STREET ADDRESS 5580 NW 84 ave 14 CITY-ST-ZIP Miami, FL. 331604	☒ Change ☐ Addition
TITLE SD NAME ANTONIAZZI, NEYVIS STREET ADDRESS 9737 N.W. 41ST ST. #111 CITY-ST-ZIP MIAMI FL 33178	☐ DELETE	21 TITLE 22 NAME Antoniazzi, Neybis 23 STREET ADDRESS 5580 NW 84 AVE. 24 CITY-ST-ZIP Miami, FL. 331604	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (9/96)

14. I do 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.

SIGNATURE: [signature] 3/13/97 305-593-[illegible]2661
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0242014