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May 15 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P96000019896 (5)

1. Corporation Name

SUNSHINE USED AUTO PARTS, INC.

Principal Place of Business

9541 N.W. 96TH ST.
MEDLEY FL 33166

Mailing Address

9541 N.W. 96TH ST.
MEDLEY FL 33166-2042



3. Date Incorporated or Qualified

03/05/1996

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

RONDON, JUAN
18201 S.W. 112TH AVENUE
MIAMI FL 33157

81. Name

ALFONSO MAZZARELLA

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

476 SW 169TH TERRACE

83.

84.

City WESTON

FL

85.

Zip Code

33326

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, both, in the State of Florida. Such change is 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 607.0502, Florida Statutes.

SIGNATURE

Signature, typed printed name of registered agent, if applicable (NOTE: Registered Agent Signature required when reinstating)

DATE 4/28/97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE VD ☐ DELETE

NAME ALVIZUA, NELLY M
STREET ADDRESS CALLE 23 CON AVE. EDF URIBANTE APT. 8A
CITY-ST-ZIP MARACAIBO, VENEZUELA

TITLE PD ☐ DELETE

NAME MONTES, FREDDY A
STREET ADDRESS URB. SAN MIGUEL AV. 68 96-C-67
CITY-ST-ZIP MARACAIBO, VENEZUELA

TITLE VD ☐ DELETE

NAME SIMANCAS, LUIS A
STREET ADDRESS ZONQ INDUSTRIAL CALLE 143 #43-22
CITY-ST-ZIP MARACAIBO, VENEZUELA

TITLE STD ☒ DELETE

NAME RONDON, JUAN
STREET ADDRESS 18201 S.W. 112TH AVE.
CITY-ST-ZIP MIAMI FL 33157

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

Delete/REMOVE

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 registered agent 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: X

SIGNATURE: (Signature)

4 28-97 305-8842961

CR2E034 (9/96)