SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000025577 (3)

INTERCONTINENTAL PARTS, CORP.

FILED Aug 18 1997 8:00am Secretary of State



1 '								
Principal Place of Business Mailing Address					- 1 1001 301 0 10 6 0	III da in adin adin i	Neind hight Billbr Briti 188	\$1 (00) (00)
9586 S.W. 5 LANE 9586 S.W. 5 LANE								
MIAMI FL 33174		MIAMI FL 33174			DO NOT WRITE IN THIS SPACE			
1					3. Date Incorporated		3a. Date of Last Re	eport
 					03/22/1996		Out make of most to	5,5011
	lace of Business	2a. Mailing Address			4. FEI Number		I IAD	plied For
21 140.	50 SW 79 ST.	26 P.D. BOX	5910	150	65-0667	379		t Applicable
Sulte, Apt.		Suite, Apt. #, etc.			5. Certificate of Status	Desired [\$8.75	Additional
22		27			5. Certificate of Status	Desired L	Fee Re	quired
City & State City & State					6. Election Campaign		\$5.00	May Be
23 M/AM/ FC.					Trust Fund Contrib		Added t	
Zip	Country	Zip 1.00	Country		8. This corporation ov			-
24 33/	25 25 25 Name and Address of Cu	rent Begistered Apent	30		Personal Property 10. Name and Addres		·	No No
10		Henr Hegistered Agent	81	Name _	10, Name and Address	a Or Hell Medis	Mered Agent	
	PEZ, SERGIO H		82	MIGI	XCC HURTAU	0		
9586 S.W. 5 LANE MIAMI FL 33174				Street Add 14050	ress (P.O. Box Number is	Not Acceptable)	
I MILP	AMI FL 33174		83	17000	300 1131	<u>-</u>		
			84	City	MI		FL 85 33	Code 2
11. Pursuant	to the provisions of Sections 607.	0502 and 607.1508. Florida Statut	es, the above	-named core	poration submits this state	nent for the pur	pose of changing it	s registered
office or r	registered agent, or both, in the S	.0502 and 607.1508, Florida Statut state of Florida Such change was a bliggroup of Section 607.0505, Flo	authorized by	the corpora	tion's board of directors. I	hereby accept t	he appointment as	registered
	Mi Tua	12/1-	onda otatutos	٠,			2/15/9:	7
SIGNATURE	Signature typed of printed by no of equals of	d egent and trie if applicable (NOT	E: Registered Age	nt signature requi	red when reinstating)	 	DATE	/
12,		AND DIRECTORS	13.		ADDITIONS/CHANG	ES TO OFFICER		S IN 12
TITLE	PTD	DELETE	1.1 TITLE	1	רטי		Change	Addition
NAME	Lopez, Sergio H		1.2 NAME	\mathcal{H}	URTADO MIG	UEL		
STREET ADDRESS	9586 S.W. 5 LANE	•	1.3 STREET	ADDRESS /	4050 SW	79 55.		
CITY-ST-ZIP	MIAMI FL 33174	Marian	1.4 CITY - S	T- ZIP	URTADO MIG 4050 SW MAMI FC	<u> </u>		
TITLE	VSD	DELETE	2.1 TITLE				Change	Addition
NAME	HURTADO, MIGUEL		22 NAME					
STREET ADDRESS	9586 S.W. 5 LANE		2.3 STREET	ADDRESS				
CITY-ST-ZIP	MIAMI FL 33174	DELETE	2.4 CITY-5	IT-ZIP			T Observe	1 2 4 8 8 1
TITLE		☐ DELETE	3.1 TITLE]			L Change	Addition
NAME			3.2 NAME	1000000				
STREET ADDRESS			3.3 STREET	" i				
CITY-ST-ZIP		DELETE	3.4. CITY - S 4.1 TITLE	II-ZIP			Change	Addition
NAME			4.1 IIILE 4.2 NAME	-			C CHANGE	- voginoli
STREET ADDRESS			4.3 STREET	ADDRECT				
			4.3 STREET		,			
CITY-ST-ZIP TITLE		DELETE	5.1 TITLE	1- 217			Change	Addition
NAME		house - Child The	5.2 NAME	(المراجعة الم	
STREET ADDRESS			5.3 STREET	ADDRESS				
CITY-ST-ZIP			5.4 CITY - ST					
TITLE		DELETE	6.1 TITLE				☐ Change	Addition
NAME			6.2 NAME				- -	
STREET ADDRESS			6.3 STREET	ADDRESS				
CITY-ST-ZIP			6.4 CITY-S					•

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.