

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.)

FILED  
 Aug 07 1997 8:00am  
 Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P96000054366 (5)**  
 1. Corporation Name  
**MR. PARTS SOUTH CORP.**



Principal Place of Business <b>12061 SOUTHWEST 131 AVENUE MIAMI FL 33186</b>	Mailing Address <b>12061 SOUTHWEST 131 AVENUE MIAMI FL 33186</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>1448 NW 78 Ave</b>		2a. Mailing Address 26 <b>1448 NW 78 Ave</b>		3. Date Incorporated or Qualified <b>06/24/1996</b>		3a. Date of Last Report	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number <b>65-0682129</b>		Applied For Not Applicable	
22 City & State <b>MIAMI, FL.</b>		27 City & State <b>Miami, Fl.</b>		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
23 Zip <b>33126</b>		28 Zip <b>33126</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
24 Country		30 Country		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent <b>FUENTES, ANGEL TOMAS 12061 SOUTHWEST 131 AVENUE MIAMI FL 33186</b>				10. Name and Address of New Registered Agent			
81 Name <b>FUENTES, ANGEL TOMAS</b>				82 Street Address (P.O. Box Number is Not Acceptable) <b>1448 N.W. 78 AVE</b>			
83				84 City <b>MIAMI</b>			
85 Zip Code <b>33126</b>				86			

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 *Angel Tomas Fuentes* DATE **7/30/97**

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<b>D,/P</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FUENTES, ANGEL TOMAS</b>	1.2 NAME	<b>FUENTES, ANGEL TOMAS</b>
STREET ADDRESS	<b>12061 SOUTHWEST 131 AVENUE</b>	1.3 STREET ADDRESS	<b>1448 N.W. 78 AVE</b>
CITY-ST-ZIP	<b>MIAMI FL 33186</b>	1.4 CITY-ST-ZIP	<b>Miami, Fl. 33126</b>
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<b>V/T</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	<b>MARY ANN FUENTES</b>
STREET ADDRESS		2.3 STREET ADDRESS	<b>1448 N.W. 78 AVE.</b>
CITY-ST-ZIP		2.4 CITY-ST-ZIP	<b>Miami, Fl. 33126</b>
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<b>S</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	<b>HELENA CHIN SHUE</b>
STREET ADDRESS		3.3 STREET ADDRESS	<b>1448 N.W. 78 AVE.</b>
CITY-ST-ZIP		3.4 CITY-ST-ZIP	<b>MIAMI, FL. 33126</b>
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 *Angel Tomas Fuentes* DATE **7/30/97**

CR2E034 (4/97)