**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P96000068024 (4) DOCUMENT #

BREX PARTS CORP.

Principal Place of Business

Mailing Address

700 E. B CT. HIALEAH FL 33010

700 E. 8 CT. HIALEAH FL 33010

FILED 97 OCT -7 AM 9: 03

SECRETARY OF STATE TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

					3. Date Incorporated or Qualified 3a. Date of Last Repo	ort	
A District District		The Branch of the Branch			08/15/1996 4. FEI Number		
2. Principal Plac	e of Business	2a. Mailing Addre	58			ed For pplicable	
21 Suite, Apt. #,	olo	26   Suite, Apt. #, 6	nto.		¢o 75	· <del></del>	
22	eic.	27	<b>├</b> ─¬ '		5. Certificate of Status Desired Fee Requi		
City & State		City & Stato	City & Stato		6. Election Campaign Financing \$5.00 Ma	ау Вө	
23		28			Trust Fund Contribution	ees	
Zip	Country	Zip	Countr	У	8. This corporation owes or has paid the current year Intangible		
24 25 29			30				
	9. Name and Address of Cur	rent Registered Agent		1 1	10. Name and Address of New Registered Agent		
VALDES-BRITO, JULIO				81 Name			
700 E. 8 CT.			82	82 Street Address (P.O. Box Number is Not Acceptable)			
HIALEAH FL 33010				83			
			83	<b>'</b>			
<b>1</b>			84	City	FL 85 Zip Code		
11 Pursuant to t	he provisions of Sections 607.0	0502 and 607.1508. Florida	Statutes, the above	ve-named corp	and in a short this statement for the purpose of charging its re	egistered	
ouce or regi	stered agent, or both, in the St. amiliar with and accept the ob-	ate of Florida. Such chang ligations of, Section 607.0	e was authorized b 505, Florida Statute	y the corporates.	obtained submits this statement for the purpose of charging his retion's board of directors. I hereby accept the appointment as rec	jišterod	
SIGNATURE X	1 1110	Sein (J	UUO BE	(170)	09/1/97		
Sio	pate of types or printed name of registered	agent and Michael able AND DIRECTORS	(NOTE Hegistered Ac	geol signature requi	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS I	NI 12	
TITLE		DEL		————		Addition	
	PRESIDENT		1.2 NAME				
STREET ADDRESS	TULIO VALDES	· DKII D • T	1.3 STREET ADDRESS		100002320631- -10/15/970104201	11 -	
100 2451			1.4 CITY-	<b>!</b>	****165.00 ****165	ີ ດດ	
CITY-ST-ZIP	DELETE				Change	Addition	
NAME			2.2 NAME	ľ		_	
STREET ADDRESS	20			3 STREET ADDRESS			
CITY-ST-ZIP	I		2 4 CHY-				
TITLE					Change	Addition	
NAME			3 2 NAME		_ ,	_	
STREET ADDRESS			•	T ADDRESS			
CITY-ST-ZIP			3.4. City-				
TITLE	DELETE				☐ Change	Addition	
NAME			ETE 4.1 TITLE 4.2 NAMI	4	•		
STREET ADDRESS				T ADDRESS			
CITY-ST-ZIP			4.4 CITY-	1			
TITLE	DELETE				☐ Change	Addition	
NAME			5.2 NAME				
STREET ADDRESS				T ADDRESS			
CITY-ST-ZIP			5.4 CHY-	1			
TITLE		□ D£I		V: KII	☐ Chillinge	Adgition	
NAME		<b></b>	6.2 NAME	,			
INDIA.			0.2 14/14/1		<b>(</b>	/ AH	

14. I do horeby 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 logal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trusted 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.

I NEVER RECEDED THE 1ST NOTTEE

THANKS.