FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

FILED

May 11 1998 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998DOCUMENT #

P97000035561 (4)

AMERI	ICAN WAY IMPORT, EXPO	ORT, AND AUTO	PARTS, INC			
Principal Place of Business Mailing Address					TABAMBAL AND LONGO OBEAU BOUTH BRUCK ORARR MIN	ht arras athea bride ilar 1861
20229 NE 16TH PL 20229 NE 16TH PL N MIAMI BEACH FL 33179-2719 N MIAMI BEACH FL 33179-2718					DO NOT WRITE IN THIS SPACE	
					3. Date Incorporated or Qualified	
					04/21/1997	1
2. Principal Place of Business 2a. Mailing Address			dress		4. FEI Number	Applied For
21		26	26		65-056 1752	Not Applicable
Suite, Apt.		Suite, Apt.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
	City & State City & State		0		6. Election Campaign Financing	\$5.00 May Be
23	28				Trust Fund Contribution	Added to Fees
Zip	Country	Zφ		untry	8. This corporation owes or has paid the cur	
24	25	[29]	30	т		Yes No
	9. Name and Address of Cur	rent Hegistered Agen	t	81 Name	10. Name and Address of New Registered	Agent
	DSEPH K. NOFIL, P.A.			14ame		
3284 N STATE RD 7			82 Street Address (P.O. Box Number is Not Acceptable)			
LAUDERDALE LAKES FL 33319			83			
				64 City	FL	85 Zip Code
office or r	to the provisions of Sections 607.0 registered agent, or both, in the Stam familiar with, and accept the ob-	ale of Horida. Such chi	ange was authorize	d by the corpora	poration submits this statement for the purpose of ation's board of directors. I hereby accept the app	changing its registered ointment as registered
SIGNATURE	Signature, typed or printed name of registered	arrest and title if applicable	(NCI26 : Registere	d Agent signature requ	ired when reinstating) DATE	
12.		AND DIRECTORS	13.	O Mgork signature requ	ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS IN 12
TITLE	DPST		DELETE 1.1 T	TLE		☐ Change ☐ Addition
NAME	SOARES, VILMAR		1.2 N	AME		
STREET ADDRESS	5264 NE 6TH AVE #18C		1.3 \$	TREET ADDRESS		
CITY-ST-ZIP	FT LAUDERDALE FL 33313	3	1.4 C	ITY-ST-ZIP		
TITLE			DELETE 21T	TLE		Change Addition
NAME			2.2 N	AME		
STREET ADDRESS	1		2.3 S	TREET ADDRESS		
CITY-ST-ZIP			2.40	ITY - S1 - ZIP		
TITLE			DELETE 3.1 TI	TLE		Change Addition
NAME			3.2 N	AME		
STREET ADDRESS			3.3 S	TREET ADDRESS		
CITY-ST-ZIP				ITY-ST-ZIP		
TITLE		ĻJ	DELETE 4.1 TI			☐ Change ☐ Addition
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STREET ADDRESS				TREET ADDRESS		
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TITLE .			DELETE 5.1 TI]		Change Addition
NAME			5.2 N			
STREET ADDRESS				IREET ADDRESS		\
CITY-ST-ZIP				ITY-ST-ZIP		Change Addition
TITLE	[اا	DELETE 6.1 TH	ILE		Cosmitte Trumpinibil
NAME Street Address	· ·		6.2 N	AME TREET ADDRESS		1

14. I 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 supplied 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 13 if changed, or on an attraction with an address.

CICNIATURE

John J.