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PROFIT CORPORATION ANN JAL REPORT



FLORIDA DEPARTMENT OF STATE CK

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

1999

FILED Apr 26, 1999 8:00 am Secretary of State 04-26-1999 90053 023 ***150.00

DOCUMENT # 1 77000003700					
1. Corporation Name EEEEATLANTIC USED AUTO PAR	TS CORP.				
BERRANIZO MSED HUTO PAN	, 5 , Ev.(-	41			
					- ——
Principal Place of Business Mailing Address	al				
893 East 29 street 893 East 29	th Street				
	- 22A17	DO NOT WR	ITE IN THIS	SPACE	
Acalean The 33013 Oticalean,	-12 33013	3. Date Incorporated or Qualifed			
, , , , , , , , , , , , , , , , , , , ,			1997		
2. Principal Place of Business 2a. Mailing Address	 	4. FEI Number		T Ac	plied For
21 26		65-074	9354		ot Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.				\$8.75	Additional
27		5. Certificate of Status Desired		Fee Re	equired
City & State City & State		6. Election Campaign Financing		\$5.00	May Be
23 / 28		Trust Fund Contribution		Added	to Fees
Zip Country Zip	Country	8. This corporation owes the cur	rent year Int		6 7
	30	Personal Property Tax.		Yes	[]No
9. Name and Address of Current Registered Agent		10. Name and Address of New	Registere 1	Agent	
ESTEVEZ EDUARDO	81 Name				
	82 Street Addre	ss (P.O. Box Number is Not Accept	able)		
893 East 29th Street					
Oficelean, Fix 33013	83				Q.
DACATERA, The	84 City			85 Zip (Code
			FL_	.	
 Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statute office or registered agent, or both, in the State of Florida. Such change was au 	s, the above-named corpo	ration submits this statement for the	purpose of a	changing its	registered
office of legistered agent, of polit, in the diate of cionda. Such change was an	minized by the corporation	13 Dogia di allectors. I licreby acce	pr tite apposi	milioni do re	91510104
agent. I am familiar with, and accept the obligations of, Section 607.0505, Flori	ida Statutes.				,
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14. I hereby pertify 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, with all other like empowered.

SIGNATURE: *

TYPED OR PHINTED NAME OF SIGNING OFFICER OR DIRECTOR