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

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

FILED Mar 27 1998 8:00am Secretary of State

	MENT # P970(AM PARTS, INC.)0050098 (7)				
Principal Place of Business Mailing Address						
5540 S.W. 8TH STREET 5540 S.W. 8TH STREET						
CORAL GABL		CORAL GABLES FL 33134				
1					DO NOT WRITE IN THIS SPACE	
ļ					3. Date Incorporated or Qualified 06/06/1997	- 1
2. Principal P	lace of Business	2a. Mailing Address			4 FEI Number Applied For	
21		26			65-075905/ Not Applica	
Suite, Apt	#, etc.	Suite, Apt. #, etc.			SR 75 Additional	_
22		27			5. Certificate of Status Desired Fee Required	
City & State	e	City & State			Election Campaign Financing Trust Fund Contribution Added to Fees	
Zip 24	Country Zip Cou		Country	<i>'</i>	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No	
	g. Name and Address of Curr	ent Registered Agent		<u>-</u>	10. Name and Address of New Registered Agent	
LAI	NDMAN, ABRAHAM		B1	Name		
1	io S.W. 8th Street			Street Add	Address (P.O. Box Number is Not Acceptable)	
l co	RAL GABLES FL 33134					
			83			
			84	City	FL 85 Zip Code	\dashv
11. Pursuant t	to the provisions of Sections 607.0	502 and 607 1508. Florida Statutes	the above	e-named corr	poration submits this statement for the purpose of changing its register	- H
office or re	egistered agent, or both, in the Sta	ale of Florida Such change was au	thorized by	the corporal	ation's board of directors. I hereby accept the appointment as registered	a, l
	or iamiliar with, and accept the on	igations of, acction 607,0505, Flori	ioa Statute:	S.		
SIGNATURE	Signature, typed or printed name of registered	agent and title if applicable (NOTE. I	Registered Age	ant signature requi	ired when rainstating) DATE	- ,
12.	OFFICERS AND DIRECTORS 13.				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PÖ	DELETE 1.1 TIT			☐ Change ☐ Addi	tion
NAME	FEAD OWN OTH OTHER		1.2 NAME			
STREET ADDRESS	CORAL GABLES FL 33134		1.3 STREET ADDRESS 1.4 CATY-ST-ZIP			
CITY-ST-ZIP TITLE			2.1 TITLE	1 - ZIP	Change Addit	ion 8
NAME			2.2 NAME		C Orange E 1888	
STREET ADDRESS			2.3 STREET	ADDRESS		
CITY-ST-ZIP			2. 4 CITY - S			
TITLE			3.1 TITLE		☐ Change ☐ Addit	ion
NAME	3.2 N		3.2 NAME			
STREET ADDRESS	ESS 3.3		3.3 STREET	ADDRESS		
CITY-ST-ZIP			3.4. CITY - 5	ST-ZIP		
TITLE	1		4.1 TITLE	İ	Change Addit	ion
NAME OTDEET ADODESS			4. 2 NAME			
STREET ADDRESS			4.3 STREET			ļ
CITY-ST-ZIP TITLE			4.4 CITY-S 5.1 TITLE	1-ZIP	Change Addit	ion
NAME			5.2 NAME		العمال ليبية العمال	
STREET ADDRESS			5.3 STREET	ADDRESS		
CITY-ST-ZIP			5.4 CITY - S			
TITLE			6.1 TITLE		Change Addit	ion
NAME			6.2 NAME			
STREET ADDRESS		Λ -	6.3 STREET	ADDRESS		
CITY-ST-ZIP			6.4 CITY) - S			
(e. i nereby c	ermy mar the information supplied	with phispining toos not quality for t	me exempl	uon stated in	Section 119.07(3)(i), Florida Statutes. I further certify that the information	n(

3-23-98

3-98 305444.440