PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P97000051726**1. Corporation Name

U.S. AUTO PARTS, INC.

Principal Place of Business	Mailing Address

FILED Mar 22, 1999 8:00 am Secretary of State

03-22-1999 90090 003 ***150.00



Fillicipal Flace	s oi ausiliass	Maining / Iddi Coo				μ ^r
15242 NW 88TH MIAMI FL 3301		15242 NW 88TH PLACE MIAMI FL 33018				DO NOT WRITE IN THIS SPACE
						3. Date Incorporated or Qualifed 06/11/1997
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number Applied For
21		26				65-0759937 Not Applicable
Suite, Apt.	# etc	Suite, Apt. #, etc.				\$8.75 Additional
22	7.	27				5. Certificate of Status Desired Fee Required
City & Stat		City & State				6. Election Campaign Financing S5.00 May Be
	•	28				Trust Fund Contribution Added to Fees
Zip	Country	Zíp	Co	untry		8. This corporation owes the current year Intangible
·		⊢	30			Personal Property Tax.
24	9. Name and Address of Curren	29	30	Ť		10. Name and Address of New Registered Agent
	9. Name and Address of Curren	it Negistered Agent		81	Name	· · · · · · · · · · · · · · · · · · ·
ARA	NGO, MIGUEL					
	NW 142ND STREET			82	Street	Address (P.O. Box Number is Not Acceptable)
	VI FL 33018			83		
I III	W. L. 00010			03		
				84	City	FL 85 Zip Code
44 Dumund	to the provinces of Captions 607 050	2 and 607 1508 Elorida Sta	tutes the	above	_named	
office or r	egistered agent, or both, in the State	of Florida. Such change was	authorize	ed by	the corp	d corporation submits this statement for the purpose of changing its registered poration's board of directors. I hereby accept the appointment as registered
agent. I a	m familiar with, and accept the obliga	tions of, Section 607.0505, I	Florida Sta	itutes	-	
SIGNATURE						required when reinstation) DATE
	Signature, typed or printed name of registered age				t signature	required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
12.		ID DIRECTORS	13			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PTD	[] DELETE	1	TITLE		,
NAME	ARANGO, MIGUEL			NAME		
STREET ADDRESS	8821 NW 142ND STREET		1.3	STREET	ADDRESS	
CITY-ST-ZIP	MIAMI FL 33018		_	CITY-S	T-ZIP	
TITLE	VSD	☐ DELETE	2.1	TITLE		☐ Change ☐ Addition
NAME	ARANGO, EMILIO		2.2	NAME		
STREET ADDRESS	15242 NW 88TH PLACE		2.3	STREET	ADDRESS	
CITY-ST-ZIP	MIAMI FL 33018		2.4	CITY-S	T- ZIP	
TITLE		☐ DELETE	3.1	TITLE		☐ Change ☐ Addition
NAME			3.2	NAME		
STREET ADORESS			3.3	STREET	ADDRESS	3
CITY-ST-ZIP			3.4.	спу-	T-ZIP	
TITLE		☐ DELETE	4.1	TITLE		☐ Change ☐ Addition
NAME			4. 2	NAME		
STREET ADDRESS			4.3	STREET	ADDRESS	6
CITY-ST-ZIP				CITY-S	r-ZIP	
TITLE		DELETE		TITLE		☐ Change ☐ Addition
NAME			5.2	NAMÉ		
STREET ADDRESS			5.3	STREE	T ADDRESS	5
CITY-ST-ZIP			5.4	CITY-S	T-ZIP	
VIII VI K.	l .			TITI E		☐ Change ☐ Addition

CITY-ST-ZIP 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 supplements, 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 of 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.

6.2 NAME

6.3 STREET ADDRESS

6.4 CTTY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CR2E034 (11/98)