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

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14. Thereby certify that the information supplied with this indicated on this annual report or supplemental initial.

officer or director of the corporation Block 12 or Block 13 if changed,

FILED Apr 27 1998 8:00am **PROFIT** FLORIDA DEPARTMENT F STATE **CORPORATION** Sandra B. Mort Secretary of State ANNUAL REPORT Secretary of Sta DIVISION OF CORPORATIONS 1998 DOCUMENT # P97000052173 (6) AUTOPAR EXPORT INC. Principal Place of Business Mailing Address 236 SE 6TH ST 236 SE 6TH ST DANIA FL 33004 DANIA FL 33004 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 06/12/1997 2a. Mailing Address 2. Principal Place of Business Applied For 65-07625300 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 28 Trust Fund Contribution Added to Fees 23 Zip Country Zιο itry 8. This corporation owes or has paid the current year Intangible ☐ Yes 25 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 ANGEL. YOURY 236 SE 6TH ST Street Address (P.O. Box Number is Not Acceptable) **DANIA FL 33004** 83 City 85 Zip Code Pursuant to the provisions of Sections 607.0502 and 607.1508. Florida Statutes, the
office or registered agent, or both, in the State of Florida. Such change was authori
agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida S ove-named corporation submits this statement for the purpose of changing its registered by the corporation's board of directors. I hereby accept the appointment as registered SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE Regist Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13 DELETE Change Addition TITLE NAME SE GK ST 236 THEET ADDRESS STREET ADDRESS 3300 × ITY-ST-ZIP CITY-ST-ZIP DELETE ☐ Change Addition TITLE 22 NAME NAME **STREET ADDRESS** 2.3 STREFT ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIP TITLE DELETE 4.1 TITLE Change Addition 4 2 NAME NAME 43 STREET ADDRESS STREET ADDRESS ITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 51 TITLE ITLE AME NAME TREET ADDRESS STREET ADDRESS ITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TLE TITLE AME NAME STREET ADDRESS TREFT ADDRESS CITY-SY-ZIP HY-ST-ZIP

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remption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information and that my signature shall have the same legal effect as if made under oath; that I am an this report as required by Chapter 607, Florida Statutes; and that my name appears in

4-47 (954)923-4138