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FILED  
May 05 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1998**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **P97000070328 (4)**

1. Corporation Name

**NATIONAL COMPONENTS INC.**

Principal Place of Business

**7220 NW 36TH STREET #610  
MIAMI FL 33166**

Mailing Address

**7220 NW 36TH STREET #610  
MIAMI FL 33166**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**08/12/1997**

4. FEI Number

**65-0773061**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing

Trust Fund Contribution ☐

**\$5.00 May Be  
Added to Fees**

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

**21 7220 N.W. 36 St.**

Suite, Apt. #, etc.

**22 515**

City & State

**23 Miami**

Zip

**24 33166**

Country

**25 U.S.A.**

2a. Mailing Address

**26 7220 N.W. 36 St.**

Suite, Apt. #, etc.

**27 515**

City & State

**28 Miami**

Zip

**29 33166**

Country

**30 U.S.A.**

9. Name and Address of Current Registered Agent

**DEL PINO, JUAN  
7220 NW 36TH STREET #610  
MIAMI FL 33166**

10. Name and Address of New Registered Agent

**81 Name DEL PINO JUAN A.**

**82 Street Address (P.O. Box Number is Not Acceptable)  
11317 N.W. 50 Terrace**

**83 Miami,**

**84 City MIAMI**

**FL**

**85 Zip Code  
33178**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**PRESIDENT JUAN A. DEL PINO**

**4-27-98**

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE

NAME **PINO, JUAN DEL**  
STREET ADDRESS **7220 NW 36TH STREET #610**  
CITY-ST-ZIP **MIAMI FL 33166**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **President** ☒ Change ☐ Addition

1.2 NAME **Del Pino Juan A.**  
1.3 STREET ADDRESS **11317 N.W. 50 Terrace**  
1.4 CITY-ST-ZIP **Miami, FL 33178**

2.1 TITLE **Vice-President** ☐ Change ☒ Addition

2.2 NAME **Beatriz C. Enochs**  
2.3 STREET ADDRESS **11317 N.W. 50 Terrace**  
2.4 CITY-ST-ZIP **Miami, FL 33178**

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 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 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, unchanged, or on an attachment with an address.

SIGNATURE:

**PRESIDENT JUAN A. DEL PINO**

**4/27/98**

**(305) 418-2343**

CR2E034 (10/97)