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Mailing Address

PROFIT **CORPORATION** ANNUAL REPORT

1998



FLORIDA DEPARTMENT

Sandra B. Mortiam

Secretary of Sta DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name P97000077935 (9)

MIAMI CAR PARTS, INC.

Principal Place of Business

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

19800 S.W. 180 AVE. LOT-#545 19800 S.W. 180 AVE. LOT-#545 MIAMI FL 33187 **MIAMI FL 33187** DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 09/08/1997 Applied For 2a. Mailing Address 2. Principal Place of Business 59-2812483 Not Applicable 26 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #. etc 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Added to Fees Trust Fund Contribution 23 28 Zip Country Country 8. This corporation owes or has paid the current year Intangible Zin Yes Yes Personal Property Tax due June 30. 30 24 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name PRADO, JOSE N 19800 S.W. 180 AVE. LOT-#545 82 Street Address (P.O. Box Number is Not Acceptable) MIAM! FL 33187 83 Zip Code 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, typod or printed name of registered agent and till if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. Change Addition PSTD DELETE 1.1 TITLE TITLE PRADO, JOSE N 1.2 NAME NAME 19800 S.W. 180 AVE. LOT-#545 1.3 STREET ADDRESS STREET ADDRESS MIAMI FL 33187 CITY-ST-ZIF 1.4 CITY-ST-ZIP Change Addition DELETE 2.1 TRUE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2. 4 City-St-ZiP CITY-ST-ZIP Change Addition DELETE TITLE 3.1 TITLE 3.2 NAME NAME **3.3 STREET ADDRESS** STREET ADDRESS 3.4. CITY-ST-ZIP CITY - ST - ZIP Change Addition DELETE TITLE 4.1 TITLE NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-ZIP Addition DELETE Change 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS

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 on 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 for gh an attachment with an address. LACK AL PRIMO

6.3 STREET ADDRESS

6.4 CHY - ST-ZIP

5.4 CITY - ST-ZIP

6.1 TITLE

6.2 NAME

DELETE

200002584102 -07/09/98--01032--021

***150.00

FILED

Jul 07 1998 8:00am

Secretary of State

Addition