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

CORPORATION ANNUAL REPORT

1998

STREET ADDRESS

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

FILED

Apr 24 1998 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000079309 (5)

HOSES AND PARTS INTERNATIONAL, INC.

Principal Place of Business Mailing Address 10661 N. KENDALL DR. S. 204 10661 N. KENDALL DR. S. 204 **MIAMI FL 33176** MIAMI FL 33176 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 09/12/1997 2a. Mailing Address 2. Principal Place of Business Applied For 65-0788675 Not Applicable 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Country Zip Country Zip 8. This corporation owes or has paid the current year Intangible Yes Yes 24 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name 81 PARRA, INES 10661 N. KENDALL DR. S. 204 Street Address (P.O. Box Number is Not Acceptable) **MIAMI FL 33176** 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. 1 am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. **SIGNATURE** Signature, typed or printed name of registered agent and title it applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. Change Addition ☐ DELETE TITLE 1.1 TITLE SANCHEZ, HECTOR 1.2 NAME NAME 10661 N. KENDALL DR. S. 204 1.3 STREET ADDRESS STREET ADDRESS **MIAMI FL 33176** CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Addition Change DST TITLE 2.1 TITLE PARRA, INES NAME 2.2 NAME 10661 N. KENDALL DR. S. 204 STREET ADDRESS 2.3 STREET ADDRESS **MIAMI FL 33176** 2.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change ■ Addition 3.1 TITLE TITEF NAME 32 NAME 3.3 STREE1 ADDRESS STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIP Addition □ DELETE ☐ Change TITLE 4.1 TITLE 4. 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME **5.3 STREET ADDRESS** STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST-ZIP DELET**E** Addition 61 TITLE TITLE NAME 6.2 NAME

63 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 if changed, or on an attachment with an address.