

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P97000103884**

1. Corporation Name

J & A PARTS AND EQUIPMENT, INC.

Principal Place of Business

**3511 N.W. 49TH STREET
MIAMI FL 33142**

Mailing Address

**3511 N.W. 49TH STREET
MIAMI FL 33142**

FILED
Aug 26, 1999 8:00 am
Secretary of State

08-26-1999 90010 031 ***550.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/10/1997

4. FEI Number

65-0800096

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 the current year
Intangible Personal Property. ☐ Yes ☐ No

2. Principal Place of Business

21 3532 NW 50

Suite, Apt. #, etc.

22 #A

City & State

23 Miami

Zip

24 33142

Country

25 Miami-Dade

2a. Mailing Address

26 3532 NW 50 St

Suite, Apt. #, etc.

27 #A

City & State

28 Miami

Zip

29 33142

Country

30 Miami-Dade

9. Name and Address of Current Registered Agent

**CARAVACA, ALVARO
3511 N.W. 49TH STREET
MIAMI FL 33142**

10. Name and Address of New Registered Agent

81 Name

Ramos, Juan

82 Street Address (P.O. Box Number is Not Acceptable)

3532 NW 50 St # A

83

84 City

Miami

FL

85 Zip Code

33142

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

8/4/99

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **PD
RAMOS, JUAN R**
STREET ADDRESS **3511 N.W. 49TH STREET**
CITY-ST-ZIP **MIAMI FL 33142**

TITLE ☒ DELETE

NAME **STD
CARAVACA, ALVARO**
STREET ADDRESS **3511 N.W. 49TH STREET**
CITY-ST-ZIP **MIAMI FL 33142**

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 ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

**3532 NW 50 St # A
Miami FL 33142**

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

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 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE

8/4/99

Date

Daytime Phone #

CR2E034 (5/99)