

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

FILED  
Mar 04, 1999 8:00 am  
Secretary of State

03-04-1999 90160 022 \*\*\*150.00

DOCUMENT # P98000041209

1. Corporation Name

LATIN AMERICA PARTS & SERVICES, INC.

Principal Place of Business

7680 W 14TH AVE  
HIALEAH FL 33014-3420

Mailing Address

7680 W 14TH AVE  
HIALEAH FL 33014-3420

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/06/1998

4. FEI Number

650833341

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 Tax.

☒ Yes

☐ No

2. Principal Place of Business

21 7922 NW 67 STREET

2a. Mailing Address

26 7922 NW 67 ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

23 MIAMI FLA

City & State

28 MIAMI FL

24

Zip

Country

33166

USA

29

Zip

Country

33166

USA

9. Name and Address of Current Registered Agent

ESTADES-GARCIA, ROBERTO  
7680 W 14TH AVE  
HIALEAH FL 33014-3420

10. Name and Address of New Registered Agent

81 Name ESTADES-GARCIA ROBERTO

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

3340 SW 87 PL

83

84

City MIAMI

FL

85 Zip Code 33165

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 ROBERTO ESTADES-GARCIA

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

(NOTE: Registered Agent signature required when reinstating)

1/11/99

DATE

12. OFFICERS AND DIRECTORS

TITLE PTD ☒ DELETE

NAME CABALLERO, ZOE  
STREET ADDRESS 7680 W 14TH AVE  
CITY-ST-ZIP HIALEAH FL 33014-3420

TITLE VSD ☐ DELETE

NAME ESTADES-GARCIA, ROBERTO  
STREET ADDRESS 7680 W 14TH AVE  
CITY-ST-ZIP HIALEAH FL 33014-3420

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 PTD ☒ Change ☐ Addition

1.2 NAME HARO JOSE GUILLERMO  
1.3 STREET ADDRESS 9440 W. FLAGLER ST # 410  
1.4 CITY-ST-ZIP MIAMI FL 33174

2.1 TITLE VSD ☐ Change ☐ Addition

2.2 NAME ESTADES-GARCIA ROBERTO  
2.3 STREET ADDRESS 3340 SW 87 PL  
2.4 CITY-ST-ZIP MIAMI FL 33165

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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3340 SW 87 PL

1/11/99

305 477-0300

Date

Daytime Phone #

CR2E034 (11/98)

0241224