

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.  
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

**PROFIT CORPORATION  
ANNUAL REPORT  
1995**



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

**FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS**

95 JUL 24 AM 11:12

**DOCUMENT # S10173 (0)**

1. Corporation Name  
**ECONO PARTS INTERNATIONAL, INC.**

Principal Place of Business Mailing Address  
**360 GRECO AVENUE #110 360 GRECO AVENUE #110  
CORAL GABLES FL 33146 CORAL GABLES FL 33146**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified <b>10/30/1990</b>		3a. Date of Last Report <b>04/18/1994</b>	
4. FEI Number <b>65-0239479</b>		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Election Campaign Finance or Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
8. This corporation has liability for intangible tax under s. 198.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>ROMERO, LUIS 360 GRECO AVE, #110 CORAL GABLES FL 33146</b>				81 Name	<b>Miguel A. Hernandez</b>		
				82 Street Address (P.O. Box Number is Not Acceptable)	<b>10153 SW 117 Ct.</b>		
				83			
				84 City	<b>Miami</b>	85 Zip Code	<b>FL 33186</b>

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 Miguel A. Hernandez DATE 7/18/95

12. OFFICERS AND DIRECTORS		13. REGISTERED AGENT	
TITLE	<b>PD</b>	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ROMERO, LUIS</b>	1.2 NAME	<b>Secretary</b>
STREET ADDRESS	<b>360 GRECO AVE #110</b>	1.3 STREET ADDRESS	<b>Luis Romero</b>
CITY, ST, ZIP	<b>CORAL GABLES FL</b>	1.4 CITY, ST, ZIP	<b>Coral Gables, Fl. 330 Greco Avenue, #110</b>
TITLE	<b>VD</b>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HERNANDEZ, MIGUEL</b>	2.2 NAME	
STREET ADDRESS	<b>360 GRECO AVE #110</b>	2.3 STREET ADDRESS	
CITY, ST, ZIP	<b>CORAL GABLES FL</b>	2.4 CITY, ST, ZIP	
TITLE	<b>John Hernandez</b>	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>10153 SW 117 Ct.</b>	3.2 NAME	<b>Treasurer</b>
STREET ADDRESS	<b>Miami, Fl. 33186</b>	3.3 STREET ADDRESS	<b>John Hernandez</b>
CITY, ST, ZIP	<b>Treasurer</b>	3.4 CITY, ST, ZIP	<b>10153 SW 117 Ct. Miami, Fl. 33186</b>
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY, ST, ZIP		4.4 CITY, ST, ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY, ST, ZIP		5.4 CITY, ST, ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY, ST, ZIP		6.4 CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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: Miguel A. Hernandez DATE 7/18/95 TELEPHONE # 305-441-2351

CR2E034 (3/95)