

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

AMENDED PROFIT CORPORATION ANNUAL REPORT 1996



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

APPROVED AND FILED

1996 DEC 30 PM 3: 22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S13464
1. Corporation Name
AAAA USED AUTO PARTS, INC.
12765 Cairo Lane
Opa Locka, FL 33054

Principal Place of Business: 12765 Cairo Lane, Opa Locka, FL 33054
Mailing Address: 12765 Cairo Lane, Opa Locka, FL 33054

3. Date Incorporated or Qualified: 11/19/90
3a. Date of Last Report: 4/30/96
4. FEI Number: 65-0230704
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 has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21, 22, 23, 24
2a. Mailing Address: 25, 26, 27, 28, 29, 30

9. Name and Address of Current Registered Agent
FERNANDEZ, JESUS
12765 Cairo Lane
Opa Locka, FL 33054

10. Name and Address of New Registered Agent
81 Name: GRANDA, JUAN HUMBERTO
82 Street Address (P.O. Box Number is Not Acceptable): 12765 Cairo Lane
83 City & State: Opa Locka, FL
84 City & State: Opa Locka, FL
-12/30/96--01003--023
*****61.25

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: *Juan Humberto Granda* DATE: 12/4/96
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		DELETED
TITLE	P/S/T/D	<input checked="" type="checkbox"/> DELETE
NAME	FERNANDEZ, JESUS	
STREET ADDRESS	12765 Cairo Lane	
CITY-ST-ZIP	Opa Locka, FL 33054	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE	P/D	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1.2 NAME	GRANDA, JUAN HUMBERTO		
1.3 STREET ADDRESS	12765 Cairo Lane		
1.4 CITY-ST-ZIP	Opa Locka, FL 33054		
2.1 TITLE	S/T/D	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.2 NAME	FERNANDEZ, AMERICA		
2.3 STREET ADDRESS	12765 Cairo Lane		
2.4 CITY-ST-ZIP	Opa Locka, FL 33054		
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input checked="" type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
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)(k), 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: *Juan Humberto Granda* JUAN HUMBERTO GRANDA 12/4/96 (305) 687-3535
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CREFORM 11/95