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Mar 20 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # **S20469** (0)
1. Corporation Name
DEL AUTOMOTIVE PRODUCTS ENTERPRISES, INC.

Principal Place of Business

**3754 NW 54 ST
MIAMI FL 33142
US**

Mailing Address

**3754 NW 54 ST
MIAMI FL 33142-3215
US**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/20/1990		3a. Date of Last Report 03/19/1996	
21. Suite, Apt. #, etc.		26. Suite, Apt. #, etc.		4. FEI Number 65-0300592		Applied For <input type="checkbox"/> Not Applicable	
22. City & State		27. City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23. Zip		28. Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24. Country		29. Country		30. Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**RODRIGUEZ, JUAN E.
80 SW 8TH STREET
SUITE 2550
MIAMI FL 33130**

10. Name and Address of New Registered Agent

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
85. 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. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

(Signature of the corporation or its registered agent and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD QUEVEDO, ELOY	11 TITLE	
NAME	10111 SW 142ND STREET	12 NAME	
STREET ADDRESS	MIAMI FL	13 STREET ADDRESS	
CITY-STATE-ZIP		14 CITY-STATE-ZIP	
TITLE	VD	21 TITLE	
NAME	QUEVEDO, HORTENSIA	22 NAME	
STREET ADDRESS	10111 SW 142ND STREET	23 STREET ADDRESS	
CITY-STATE-ZIP	MIAMI FL	24 CITY-STATE-ZIP	
TITLE	STD	31 TITLE	
NAME	QUEVEDO, TARA	32 NAME	
STREET ADDRESS	15645 SW 82 CT. LN. #74	33 STREET ADDRESS	
CITY-STATE-ZIP	MIAMI FL	34 CITY-STATE-ZIP	
TITLE	VD	41 TITLE	
NAME	QUEVEDO, ANTONIO JR	42 NAME	
STREET ADDRESS	7141 SW 129TH AVENUE	43 STREET ADDRESS	
CITY-STATE-ZIP	MIAMI FL	44 CITY-STATE-ZIP	
TITLE		51 TITLE	
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-STATE-ZIP		54 CITY-STATE-ZIP	
TITLE		61 TITLE	
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-STATE-ZIP		64 CITY-STATE-ZIP	

14. I do 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:

Eloy Quevedo **ELOY QUEVEDO**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/17/97
Date

(305) 635-1010
Daytime Phone #

CR2E034 (9/96)