


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

FILED  
Mar 20 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **S21726** (2)  
1. Corporation Name  
**GOLDPARTS INTERNATIONAL, INC.**



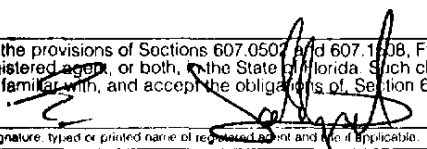
Principal Place of Business <b>1942 NE 149TH STREET NORTH MIAMI FL 33181</b>	Mailing Address <b>20533 BISCAYNE BLVD. #4-101 MIAMI FL 33180</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified <b>12/31/1990</b>	
				4. FEI Number <b>65-0242109</b> Applied For Not Applicable	
				5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>FLORIDA ANNUAL REPORT SERVICES INC. 2300 CORAL WAY SUITE 200 MIAMI FL 33145</b>		10. Name and Address of New Registered Agent 81 Name <b>GOLDSZMIDT EMANUEL</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>20533 BISCAYNE BLVD. # 4-101</b> 83 84 City <b>MIAMI</b> FL 85 Zip Code <b>33180</b>	
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11. Pursuant to the provisions of Sections 607.0501 and 607.1108, 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  **EMANUEL GOLDSZMIDT** 3/13/98  
Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PO</b>	1.1 TITLE	<b>PDS</b>
NAME	<b>GOLDSZMIDT, EMANUEL</b>	1.2 NAME	
STREET ADDRESS	<b>20533 BISCAYNE BLVD, SUITE 4-101</b>	1.3 STREET ADDRESS	<b>20533 BISCAYNE BLVD. # 4-101</b>
CITY-ST-ZIP	<b>MIAMI FL 33180</b>	1.4 CITY-ST-ZIP	
TITLE		2.1 TITLE	<b>V</b>
NAME		2.2 NAME	<b>HERSHBERG, SAMUEL</b>
STREET ADDRESS		2.3 STREET ADDRESS	<b>290-174TH STREET APARTMENT M10</b>
CITY-ST-ZIP		2.4 CITY-ST-ZIP	<b>N. MIAMI, FL 33160</b>
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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:  **EMANUEL GOLDSZMIDT** 3/13/98 (305) 945-3457

CR2E034 (10/97)