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

PROFIT CORPORATION ANNUAL REPORT

Sandra B. Mortham

Secretary of State

FILED Apr 13 1998 8:00am Secretary of State

	_1998 <u>~</u>	DIVISION	OF CONFORMIONS	Scoretary	or state
DOCUMENT # \$38077 (1) MIKE'S AUTO PARTS, INC.					1011 11811 11811 11811 1181 1
Principal Place of Business Mailing Address					
888 N.W. 27TH AVE. 888 N.W. 27TH AVE.		i,			
l ":		#3 Miami Fl 33125-301	ı c	DO NOT WRITE IN THIS	SPACE
minmi i constructo		•	3. Date Incorporated or Qualified]	
				03/15/1991	ļ
2. Principa	I Place of Business	2a, Mailing Address		4, FEI Number	Applied For
21 26		26		65-0248484	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			\$8.75 Additional
27		27		5. Certificate of Status Desired	Fee Required
City & S	lale	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the c	
24	25	29	30	Personal Property Tax due June 30.	Yes WNo
····	9. Name and Address of Curr	ent Hegistered Agent	81 Name	10. Name and Address of New Registered	Agent
OLIVA, MIGUEL					
888 N.W. 27TH AVE.			82 Street A	ddress (P.O. Box Number is Not Acceptable)	
MIAMI FL 33135			63		
			**		
			84 City	FI	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.					
l		igations of, Section 607.0505,	, Fiorida Statules.		
SIGNATUR	Signature, typed or protect make of registered a	agent and tale if applicable (I	NOTE Registered Agent signature re	equired when reinstating) DATE	
12.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AN	ID DIRECTORS IN 12
TITLE	PD	☐ DELETE	1.1 TITLE		Change Addition
NAME	OLIVA, MIGUEL		1.2 NAME		
STREET ADDRES			1.3 STREET ADDRESS		
CITY-ST-ZIP	HIALEAH FL		1.4 CITY - ST - ZIP		
TITLE		☐ DELETE	21 TITLE		Change Addition
NAME	· I		22 NAME		
STREET ADDRES	ss		2 3 STREET ADDRESS		
CITY - ST - ZIP	-	T DELETE	2. 4 CITY-ST-ZIP		[] Abassa [] 4.439
TITLE	ĺ	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME OTOTET LODGE			3.2 NAME		
STREET ADDRES	SS		3.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	3.4. CITY - ST - ZIP 4.1 TITLE		☐ Change ☐ Addition
NAME		LJ bette	4. 2 NAME		Greenge
STREET ADDRES	, <u>.</u>		4.3 STREET ADDRESS		
	~		4.4 CITY-ST-ZIP		
CITY-ST-ZIP TITLE		DELETE	5.1 TITLE		Change Addition
NAME	1	hour wastit.	5.2 NAME		
STREET ADDRES	25		5.3 STREET ADDRESS		,
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		-
STREET ADORES	88		6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		
	y certify that the information supplied	with this filing does not qualif		In Section 119.07(3)(i), Florida Statutes. I further of	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 an attachment with an address.

leguel am

SIGNATURE:

MIGUEL OLIVA

205-541-2753