


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

**FILED**  
**Apr 15, 1999 8:00 am**  
**Secretary of State**

04-15-1999 90013 027 \*\*\*150.00

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<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State <b>DIVISION OF CORPORATIONS</b>
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**DOCUMENT # S39988**

1. Corporation Name  
**VENCO PARTS CORPORATION**

Principal Place of Business  
**7543 NW 70TH STREET**  
**MIAMI FL 33166-2815**

Mailing Address  
**7543 NW 70TH STREET**  
**MIAMI FL 33166-2815**



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>03/22/1991</b>	
4. FEI Number <b>65-0361200</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc. <b>7541 N.W. 70 St.</b>	26 Suite, Apt. #, etc. <b>7541 NW 70th St.</b>
22 City & State <b>Miami, Florida 33</b>	27 City & State <b>Miami, Florida</b>
23 Zip Country <b>33166 USA</b>	28 Zip Country <b>33166 USA</b>

9. Name and Address of Current Registered Agent

**LOPEZ, MARIA YUDICELY**  
**7543 N.W. 70TH STREET**  
**MIAMI FL 33166**

10. Name and Address of New Registered Agent

81 Name  
**LOPEZ, MARIA YUDICELY**

82 Street Address (P.O. Box Number is Not Acceptable)  
**7541 NW 70TH ST.**

83

84 City  
**Miami, FL**

85 Zip Code  
**33166**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>LOPEZ, MARIA YUDICELY</b>
STREET ADDRESS	<b>7543 N.W. 70TH STREET</b>
CITY-ST-ZIP	<b>MIAMI FL 33166</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>FORERO, GERMAN</b>
STREET ADDRESS	<b>7543 N.W. 70TH ST</b>
CITY-ST-ZIP	<b>MIAMI FL</b>
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

1.1 TITLE	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>LOPEZ MARIA YUDICELY</b>
1.3 STREET ADDRESS	<b>7541 NW 70 St.</b>
1.4 CITY-ST-ZIP	<b>Miami, Florida 33166</b>
2.1 TITLE	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>FORERO, GERMAN</b>
2.3 STREET ADDRESS	<b>7541 NW 70 St.</b>
2.4 CITY-ST-ZIP	<b>Miami, Florida 33166</b>
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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, with all other like empowered.

SIGNATURE: \_\_\_\_\_ SIGNATURE REQUIRED

4/12/99 (305) 887-0084

CR2E034 (1/98)