FILED AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750). Jul 20, 1999 8:00 am FLORIDA DEPARTMENT OF STATE **Secretary of State** CORPORATION Katherine Harris ANNUAL REPORT Secretary of State 07-20-1999 90016 001 ***550.00 DIVISION OF CORPORATIONS 1999 DOCUMENT # S42451 AMERICAN PARTS SUPPLY OF MIAMS, INC. Principal Place of Business Mailing Address 6200 W. 21 CT G220W 21CT 6899 W. 21ST GOURT- 6220W 21CT BLDG. 27. UNIT 12 HIALEAH FL 33016 DO NOT WRITE IN THIS SPACE HIALEH FL 33016 3. Date Incorporated or Qualified 04/02/1991 Applied For 2. Principal Place of Business 2a. Mailing Address 4 FFI Number 6220 WalcT 65-0261933 Not Applicable 6.220 W21 26 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt.#, etc. 5. Certificate of Status Desired Fee Required HIALEA 27 \$5.00 May Be City & State 6. Election Campaign Financing City & State HIRCEAHTELA Trust Fund Contribution Added to Fees Country Zip Country 8. This corporation owes the current year USA USA 33016 Intangible Personal Property. 25 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name PENALVER, RAFAEL A., JR. 82 Street Address (P.O. Box Number is Not Acceptable) 1101 BRICKELL AVE. **SUITE 1700** 83 **MIAMI FL 33131** 85 Zip Code City 11. Pursuant to the provisions of sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) (2/3)OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. Change Addition 1.1 THILE TITLE DELETE **CR2E034** HIGGINSON, JAIME E. DUCH 1.2 NAME NAME 6220 W 21CT 6200 W. 21 CT. STREET ADDRESS 1.3 STREET ADDRESS HIALEAH FL 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE 2.1 TITLE TITLE NAME RAQUELA, SERGIO SEKUL GRAO WAIC STREET ADORES 6200-W-21-CT.____ 23 STREET ADDRESS HIALEAH FL ZA CITY-ST-ZIP. CITY-ST-ZIP DELETE 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3.4 CITY-ST-ZIP Change Addition 4.1 TITLE TITLE DELETE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP TITLE DELETE 5.1 TITLE Change Addition 52 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition 6 1 TITLE TITLE DELETE 8 2 NAME 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 filling 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 FRONICA LE-BER SIGNATURE: