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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S60308

(1)

COLLECTION USED AUTO PARTS, INC.

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FILED

Apr 28 1997 8:00am

Secretary of State

Principal Pia	ice of Business	Mailing Address							
Principal Place of Business Mailing Address 4337 N.W. 36TH AVE. 4254 N.W. 37TH AVE.									
MIAMI FL 331		MIAMI FL 33142-4224							
US					3. Date Incorporated or Qualified 06/17/1991	3a. Date of 05/01/19		oort	
·	Place of Business	2a. Mailing Address			4. FEI Number	<u> </u>		lied For	
1		26		65-0267614					
Suite, Ap	t. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	1 1 7 -	\$8.75 Additional Fee Required		
City & Sta	ate	City & State			6. Election Campaign Financing		5.00 N		
23		28			Trust Fund Contribution		dded to		
Zıp 	Country	Zip	_ Coun	try	8. This corporation has liability for it			199.032,	
4	25 9. Name and Address of Curre		30		Florida Statutes 10. Name and Address of New Reg	Yes No			
DE		ur negisteren wägin		31 Name	10. Name and Address of New Ret	interes Agent			
	:NITEZ, OVIDIO 37 NW 38TH AVE.		Ĺ			, ,m., , , , , , , , , , , , , , , , , ,			
	AMI FL 33142		1	Street Add	dress (P.O. Box Number is Not Acceptable	e)			
tan	MII FE 33142		ļ.	33					
			- 1'	City		FL 85	Zip Co	ooe	
-		o of Florida. Such charige was au pations of, Section 607.0505, Flor	ithorized ida Statu	by the corpora	ation's board of directors. I hereby accep	t the appointm	ent as re	egistered	
SIGNATURE	Styresor: hyped or printed name of registered ag		Registered	Agent signature requ	uited when reinstaling)	DATE			
12.		ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC				
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CITY - S1 - ZIP	PEMBROKE PINES FL		1	Y-ST-ZIP					
DICE	TDS	DELETE	21 1111			□ c	hange	Additio	
NAME	BENITEZ, OVIDIO		2.2 NAM	AE					
STREET ADDRESS			23 STR	EET ADDAESS					
CITY-SI-7/P	PEMPBROKE PINES FL			Y-ST-ZIP				1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	
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STREET ADDRESS CITY - ST - ZIP	,			Y-ST-ZIP					
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NAME			4. 2 NA	ME					
STREET ADDRESS	s		4.3 STR	EET ADDRESS					
CITY - ST - ZIP				Y-ST-ZIP				<u> </u>	
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NAME			5.2 NAI	Į.					
STREET ADDRESS	S		1	EET ADDRESS	·				
City-St-ZiP Title		DELETE	6.1 TIT	Y-ST-ZIP LE		l c	hange	Addition	
NAME		L. Date 18	6.2 NAJ		¥ .	٠,٠		Tribul - 1979/III	
STREET ADDRESS	5			IEET ADDRESS					
CITY-S1-ZIP				Y-ST-7IP	5.				

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

42297

805-63565 Dayline Phone #