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

PROFIT CORPORATION ANNUAL REPORT

Principal Place of Business

8767 S.W. 132 STREET



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

DOCUMENT # S65139

AUTO STORE INTERNATIONAL, INC.

(5)

Mailing Address

8767 S.W. 132 STREET

FILED											
Feb	11	1997	8:00am								
Se	ecre	etary o	of State								



MIAMI FL 33176 US		MIAMI FL 33178-5924 US							
								le of Last Report 2/1996	
2. Principal Place of Business		2a. Mailing Address				4. FEI Number	-1		opplied For
21		26			65-0270834			lot Applicable	
Suite, Apt. #, et 22	rc	Suite, Apt. #, etc.				5. Certificate of Status Desired			Additional Required
City & State		City & State			Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees			
Zip	Country	Zip	Coun	ıtry		8. This corporation has liability for i	ntangible	tax under	s. 199.032,
24	25	29	30					No No	
	Name and Address of Current	Registered Agent		04		10. Name and Address of New Re	gistered /	Agent	
	IARO, JOSEPH		ľ	81	Name			•	•
	W 151 PLACE		7	82	Street Add	ress (P.O. Box Number is Not Acceptab	le)		
MIAMI FL	_ 33196		-	83	 				
			Ļ						<u></u>
			1	84	City		FL	85 Ziç	Code
11. Pursuant to the	e provisions of Sections 607.0502	and 607.1508, Florida Statut	es, the ab	ove	-named cor	poration submits this statement for the p	urpose of	changing	its registered
office or regist agent I am fa	tered agent, or both, in the State (miliar with, and accept the obliga	of Florida. Such change was a tions of, Section 607.0505, Flo	authorized orida Statu	by ites.	the corpora	poration submits this statement for the p tion's board of directors. I hereby accep	t the app	ointment e	s registered
SIGNATURE	,	•							
	iture, typed or printed name of registered ager		E Registered	Ager	t signature requ	ired when reinstating)	DATE		
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO OFFIC	ERS AND		
TITLE PD	GENNARO, JOSEPH	DELETE	1.1 TITE					☐ Change	Addition
ا ا	051 S.W. 151 PLACE		1.2 NA)		apparer		-		1
***************************************	AMI FL 33196		1.4 CIT		ADDRESS				
TITLE VD		DELETE	2.1 TITI		-211			Change	☐ Addition
'-	GENNARO, CARMEN		2.2 NA		Ì			_ ·	-
	AAARA AAA ARA DI AAR		2.3 STR	2.3 STREET ADDRESS					
CITY-ST-ZIP MI	AMI FL 33196		2. 4 CIT	IY-\$	T-ZIP				
TITLE		DELETE	3.1 T(T)	LE				☐ Change	Addition
NAME			3.2 NAI	ME					
STREET ADDRESS			3.3 STF	REET	ADDRESS				
City-St-ZiP		DELETE	3.4. CIT		f-ZIP			Change	Addition
TITLE		DELÉTE	4.1 1(1)		-			☐ Change	Addition
NAME STREET ADDRESS			4. 2 NA		ADORESS				
CITY-ST-ZIP			4.3 STF					•	
1HLE		☐ DELETE	5.1 TITI		- 411			Change	Addition
NAME			5.2 NAI					_ •	
STREET ADDRESS					ADDRESS		. *		
CITY-ST-ZIP			5 4 CIT	Y - \$1	r- z iP				
TITLE		DELETE	61 TIT	LE				☐ Change	☐ Addition
NAME			62 NA	ME					
STREET ADDRESS			6 3 STF	REET	ADDRESS				
CITY-S1-ZIP			64 CIT	Y-51	i - Z IP				

14. I do hereby certify that the information supplied with this filing does not gualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual eport er supplemental aprillar 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 contraction or the receiver or flustee employeed 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 attackent with an address.

SIGNATURE: