

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 15, 1994.
AMOUNT DUE ON OR BEFORE 8/15/94: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

CORPORATION
ANNUAL REPORT
1994



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

94 AUG -3 AM 8:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S92854

(6)

1. Corporation Name:

PARTS DISTRIBUTORS G.D. CORP.

Mailing Address
215 SW 17 AVE.
ROOM NO. 309
MIAMI FL 33135

Principal Place of Business
215 SW 17 AVE.
ROOM NO. 309
MIAMI FL 33135

If above addresses are incorrect in any way, line through incorrect information and enter correct information below.

2. Mailing Address

21 Suite, Apt. #, etc.

2a. Principal Place of Business

22 City & State

26 Suite, Apt. #, etc.

23 Zip

27 City & State

24 Country

28 Zip

25 Country

29 Zip

26 Country

30 Zip

9. Name and Address of Current Registered Agent

TEJADA, ANTONIO E.
215 SW 17 AVE.
ROOM NO. 309
MIAMI FL 33135

3. Date Incorporated or Qualified

11/07/1991

3a. Date of Last Report

06/15/1993

4. FEI Number
65-0291776

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign
Financing Trust
Fund Contribution

\$5.00 May Be
Added to Fees

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

8. This corporation has liability for intangible tax, under S. 199.032,
Florida Statutes ☐ Yes ☐ No

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508 or Sections 617.0502 and 617.1508, 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 or 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and date of appointment

(NOTE: Registered Agent signature required when reappointing)

DATE

OFFICERS AND DIRECTORS

CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

P/S/D

GARCIA, EDDY R.

CALLE PRIMERA NO. 22 RES

SANTO DOM., DOMINICA

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

T/D

DOMINGUEZ, JORGE

PUERTO RICO #257 ALMA ROS

SANTO DOM., DOMINICA

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

Treasurer

Dominguez Jorge

Puerto Rico #257 Alma Ros

Santo Dom. Dominica.

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 191.02(4)(b), Florida Statutes. I further certify that the information included 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 or Chapter 617, 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

7/27/94