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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

• + 1

DOCUMENT # \$94382

(6)

PARTS MICRO CORP.

FILED Apr 28 1997 8:00am Secretary of State



	of Business	Mailing Address					
7661 NW 68 ST	TREET	7661 NW 68 STREET					
127	e	127 Miami Fl 33166-2850					
MIAM! FL 33016 US		US			3. Date Incorporated or Qualified   3a. Date of Last Report   11/15/1991   05/01/1996		
2. Principal Pia	ace of Business	2a. Mailing Address			4. FEI Number	L	Applied For
21		26			65-0313428		Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State	!	City & State			6. Election Campaign Financing		00 May Be
<b>23</b> Zip	Country	<b>28</b> Zip	Count	rv	Trust Fund Contribution  8. This corporation has liability for i		
21)	25	29	30	. <b>.</b>		Yes No	idi 5. 199.032,
[4]	9. Name and Address of Curre		1001		10. Name and Address of New Re	gistered Agent	
CEN	ITENO, FRANCISCO	·····	8	1 Name			
14715 BALGOWAN RD #201				82 Street Address (P.O. Box Number is Not Acceptable)			
			UZ SIEBEL AC		Oress (F.O. Dox Homber is Not Accepted		
	MI LAKES FL 33016		6	3			
			8	4 City		FL 85	Zip Code
44 D rougust I	to the provinces of Sections 607 05	02 and 607 1509 Florida Stat	utes the abo	we-named co	rporation submits this statement for the pation's board of directors. I hereby accept	urpose of changi	na its reaistere
	Signature, type to pointed name of registered a			kgent signature req	quired when reinstating)	DATE DIDEC	TORS IN 12
12,	OFFICERS AT						
	,		13.		ADDITIONS/CHANGES TO OFFIC		
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information indicated on this annual report of 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 3 if changed, brion an address.

SIGNATURE:

URE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO