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

Block 12 or Block 13 if changed, or on an affacting

**FILED PROFIT** Apr 23 1998 8:00am FLORIDA DEPARTMENT OF STATE **CORPORATION** Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State **DIVISION OF CORPORATIONS** 1998 **DOCUMENT** # S94382 (6)PARTS MICRO CORP. Principal Place of Business Mailing Address 7661 NW 68 STREET **7661 NW 68 STREET** MIAMI FL 33016 MIAMI FL 33166 DO NOT WRITE IN THIS SPACE US 3. Date Incorporated or Qualified 11/15/1991 2. Principal Place of Business 2a. Mading Address 4. FEI Number Applied For 65-0313428 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 28 Country  $Z_{\rm ID}$ Country 8. This corporation owes or has paid the current year Intangible Yes 29 30 Personal Property Tax due June 30. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name CENTÉNO, FRANCISCO 14715 BALGOWAN RD 82 Street Address (P.O. Box Number is Not Acceptable) 83 MIAMI LAKES FL 33016 84 Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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, Florida Statutes. **SIGNATURE** Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. TITLE ☐ DELETE 1.1 TITLE Addition CENTENO, FRANCISCO NAME 1.2 NAME 14715 BALGOWAN RD., #201 STREET ADDRESS 1.3 STREET ADDRESS MIAMI LAKES FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE TITLE 21 TITLE Addition NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY - ST - ZIP DELETE TITLE Addition 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE TITLE Change 4.1 TITLE Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE 5.1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE TITLE 6.1 TITLE Change ■ Addition NAME 6.2 NAME STREET ADDRESS **6.3 STREET ADDRESS** CITY-ST-ZIP 64 CITY - ST - ZIP 14. I 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 of suppliemental annual report of the comporation or the receiver on trust compowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in