SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUL 24 AM 11:11

DOCUMENT # **V04212** (9)

1. Corporation Name
CHROMEPARTS EXPORT, INC.

Principal Place of Business	Mailing Address
~~1210 SOUTH M STREET~~ ~~LAKE WORTH FL 33460~~	~~1210 SOUTH M STREET~~ ~~LAKE WORTH FL 33460~~

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 01/06/1992	3a. Date of Last Report: 04/22/1994
4. FEI Number: 65-0305096	☐ 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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No	

2. Principal Place of Business	2a. Mailing Address
21 1313 S.W. Hunicut Aven	26 same
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Port St. Lucie , FL	City & State 28
Zip / County 24 34953 / 25 USA	Zip / County 29 / 30

9. Name and Address of Current Registered Agent

ENQUIST, JARI
~~1210 SOUTH M STREET~~
~~LAKE WORTH FL 33460~~

10. Name and Address of New Registered Agent

31 Name: ENQVIST, JARI
32 Street Address (P.O. Box Number is Not Acceptable): 1313 S.W. Hunicut Avenue
33
34 City: Port St. Lucie **FL** 35 Zip Code: 34953

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating.

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS, IF ANY	
TITLE P	DPST	11 TITLE	President ☒ Change ☒ Addition
NAME	ENQUIST, JARI	12 NAME	Jari Enqvist
STREET ADDRESS	~~1210 SOUTH M STREET~~	13 STREET ADDRESS	1313 S.W. Hunicut Avenue
CITY ST ZIP	~~LAKE WORTH FL 33460~~	14 CITY ST ZIP	Port St. Lucie, FL 34953
TITLE	Sec./Treasur.	21 TITLE	☐ Change ☐ Addition
NAME	Barbara Rende	22 NAME	
STREET ADDRESS	1313 S.W. Hunicut Avenue	23 STREET ADDRESS	
CITY ST ZIP	Port St. Lucie, FL 34953	24 CITY ST ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY ST ZIP		34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

CR2E034 (3/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Jari Enquist JARI ENQVIST PRESIDENT 7-14-95 588-4113
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0006017 CP