Mailing Address

12755 CAIRO LANE OPA LOCKA FL 33054

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

·Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # V10930

Principal Place of Business 12755 CAIRO LANE

OPA LOCKA FL: 33054

ISRAEL AUTO PARTS, INC.

,				3. Date Incorporated or Qualifed	
<i>,</i>				01/31/1992	Applied For
2. Principal Pla	ace of Business	2a. Mailing Address		4. FEI Number	Not Applicable
21 •	• • • • • • • • • • • • • • • • • • •	26		65-0310941	
Suite, Apt. #	#, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 Additional Fee Required
22		City & State		6. Election Campaign Financing	\$5.00 May Be
City & State		28		Trust Fund Contribution	Added to Fees
23	Country	Zip	Country	8. This corporation owes the current year in	tangible
Zip		29 30	¬ '	Personal Property Tax.	XX.Yes □No
24	9. Name and Address of Current		,	10. Name and Address of New Registered	Agent
	9. Name and Address of Current	Registered Agent	81 Name		
CUIT	EDDE7 ISDAFI			· · · · · · · · · · · · · · · · · · ·	
GUTIERREZ, ISRAEL 931 E 31 ST			82 Street Address (P.O. Box Number is Not Acceptable)		
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HIAL	EAH FL 33013		[83]	1000 · 1	
	•		84 City	Fl	85 Zip Code
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes, of Florida, Such change was auth	, the above-named cor norized by the corporat	rporation submits this statement for the purpose o tion's board of directors. I hereby accept the appo	f changing its registered intment as registered
agent. I a	m familiar with, and accept the obligati	ions of, Section 607.0505, Florid	a Statutes.	•	
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: Re	egistered Agent signature requi	ired when reinstating) ; ' DATE	
12.	OFFICERS ANI		13.	ADDITIONS/CHANGES TO OFFICERS A	
TITLE	P	☐ DELETE	1.1 TITLE	1 × 5 5 5;	. Change Addition
NAME	GUITERREZ, ISRAEL		1.2 NAME		
STREET ADDRESS	931 E 31 ST		1.3 STREET ADDRESS		
	HIALEAH FL		1.4 CITY-ST-ZIP	·	
CITY-ST-ZIP	VPST	DELETE	2.1 TITLE		☐ Change ☐ Addition
	MEDINA, BEATRIZ		2.2 NAME		
NAME	931 E 31 ST	•	2.3 STREET ADDRESS		
STREET ADDRESS		• • • • • • • • • • • • • • • • • • • •	2.4 CITY-ST-ZIP		
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NAME		•			
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CITY-ST-ZIP		E) OFFETE	3.4. CITY-ST-ZIP		☐ Change ☐ Addition
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NAME .			4, 2 NAME		,
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CITY-ST-ZIP			4.4 CITY-ST-ZIP		. ☐ Change ☐ Addition
TITLE		☐ DELETE	5.1 TITLE		☐ custilite ☐ vocinori
NAME	1. 4		5.2 NAME		•
STREET ADDRESS			5.3 STREET ADDRESS		ĺ
CITY-ST-ZIP	1		5.4 CITY-ST-ZIP		·
TITLE	The state of the s	DELETE	6.1 TITLE		☐ Change ☐ Addition

FILED Jan 29, 1999 8:00am **Secretary of State**

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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 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, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP