FILED

Feb 24, 1999 8:00 am Secretary of State

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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # V11822

1. Corporation Name

S.B. USED TRUCK PARTS INC.

							 	611 616 11 616	(818(818(188)	
Principal Place of Business Mailing Address										
8820 NW 102 S MEDLEY FL 331		8820 NW 102 STREET MEDLEY FL 33178					TE 01 7000	ODACE		
						DO NOT WR		SPACE		
						3. Date Incorporated or Qualifect 02/03/1992	· .			
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number			Applied For	
21	26					65-0312339			Not Applicable	
Suite, Apt.	#. etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			5 Certificate of Status Desired S8.75 Additional				
22		27				5. Certifcate of Status Desired		Fee	Required	
City & Stat	e	City & State				6. Election Campaign Financing		\$5:0	0 May Be	
23	-	<u> </u>	28			Trust Fund Contribution			ed to Fees	
Zip	Country	Zip	Zip Country			8. This corporation owes the cur	rent vear Inta	angible		
_	25		30			Personal Property Tax.	,	Yes	□No	
24	9 Name and Address of		30			10. Name and Address of New	Registered /	Agent		
	g, Name and Address of	Carron Registated Agent		81	Name	-	<u> </u>	_		
ARAI	NGO, SANTIAGO									
	NW 102 ST.		Ţ			Street Address (P.O. Box Number is Not Acceptable)				
						<u></u>				
MEU	LEY FL 33178			83						
				84	City			85 Z	ip Code	
					•		್ಚಾ(F <u>೬</u>	11 (31) 第5	有效抗压力(S)。	
office or r . agent. I a	egistered agent, or both, in the	07.0502 and 607.1508, Florida Statute State of Florida. Such change was all obligations of, Section 607.0505, Flor	utnonzed	יעם ו	tne corporat	ion's board of directors. I hereby according	ept the appoir	itment as	registered ,,,	
SIGNATURE	Signature, typed or printed name of regist	tered agent and title if applicable. (NOTE	Registered	Agen	t signature requir	ed when reinstating)	DATE			
12.	OFFICE	RS AND DIRECTORS	13.			ADDITIONS/CHANGES TO O	FICERS AN			
TITLE	PD	☐ DELETE	1.1 TI	TLE				∑ Chang	ge 🔲 Addition	
NAME	ARANGO, SANTIAGO		1.2 N	WE.						
STREET ADDRESS	15221 SW 51 STREET		1.3 S	REET	ADDRESS				j	
CITY-ST-ZIP	-MIRAMAR FL		14 C	TY-\$1	ZIP /	11RAMAR FL. 3	3027		{	
TITLE	VD	☐ DELETE	2,1 TI			IIRAMAR, FL. 3		Chang	ge 🔲 Addition	
	ARANGO, BETTY	_	2.2 N	184E				·	}	
NAME					ADDOCCC					
STREET ADDRESS	15221 SW 51 STREET				ADDRESS L	11RAMAR, FL. 2	3027		Í	
CITY-ST-ZIP	-MIRIMAR-FL	☐ DELETE	2.40		T-ZfP	7,1-4, 1,4-1, 1 - 1 - 2		Chang	ge Addition	
TITLE		□ Decere	3.1 TI			-			<u> </u>	
NAME			3.2 N							
STREET ADDRESS			3.3 \$	REET	ADDRESS					
CITY-ST-ZIP			3.4. C	ITY-S	T-ZIP					
TITLE		☐ DELETE	4.1 T	TLE.	}			Chang	ge 🗌 Addition	
NAME			4.2 N	AME					ł	
STREET ADDRESS			4.3 S	TREET	ADDRESS			•	}	
CITY-ST-ZIP			4.4 C	TY-S	r-ZIP					
TITLE		☐ DELETE	5.1 TI					☐ Chang	ge 🗌 Addition	
NAME			5.2 N	ME				,	ļ	
STREET ADDRESS			5.3 S	REET	ADDRESS		•		ļ	
				TY- \$1	ļ				}	
CITY-ST-ZIP		☐ DELETE	6.1 TI		-			Chane	ge	
TITLE			6.2 N		İ				,	
NAME					ADDDESS				ļ	
	i		■ 5.3 S	KPP	AUDRESS I					

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 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 or an attachment with an address, with all other like empowered.

SIGNATURE:

RSAMTIAGO ARANGO-RES.