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Mar 26 1997 8:00am
Secretary of State

PROFIT CORPORATION
 ANNUAL REPORT
 1997



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

DOCUMENT # V14080 (8)
 1. Corporation Name
SALOMON TRUCK PARTS & EQUIPMENTS INC.



Principal Place of Business: **12195 N.W. 99 AVE. HIALEAH GARDENS FL 33016**
 Mailing Address: **12195 N.W. 99 AVE. HIALEAH GARDENS FL 33018-2937**

3. Date Incorporated or Qualified: **02/13/1992** 3a. Date of Last Report: **07/26/1996**
 4. FEI Number: **65-0315230** 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: 21 State, Apt. #, etc.; 22 City & State; 23 Zip; 24 Country
 2a. Mailing Address: 26 Suite, Apt. #, etc.; 27 City & State; 28 Zip; 29 Country

9. Name and Address of Current Registered Agent
HADDAD, SALOMON
12195 N.W. 99 AVE.
HIALEAH GARDENS FL 33016

10. Name and Address of New Registered Agent
 81 Name; 82 Street Address (P.O. Box Number is Not Acceptable); 83; 84 City; 85 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: _____ (NOT: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS
 TITLE: **D** DELETE
 NAME: **HADDAD, SALOMON**
 STREET ADDRESS: **9875 S.W. 34 TERR.**
 CITY-ST-ZIP: **MIAMI FL**
 TITLE: **D** DELETE
 NAME: **HADDAD, MARISELA**
 STREET ADDRESS: **9875 S.W. 34 TERR.**
 CITY-ST-ZIP: **MIAMI FL**
 TITLE: DELETE
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:
 TITLE: DELETE
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:
 TITLE: DELETE
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
 1.1 TITLE: Change Addition
 1.2 NAME
 1.3 STREET ADDRESS
 1.4 CITY-ST-ZIP
 2.1 TITLE: Change Addition
 2.2 NAME
 2.3 STREET ADDRESS
 2.4 CITY-ST-ZIP
 3.1 TITLE: Change Addition
 3.2 NAME
 3.3 STREET ADDRESS
 3.4 CITY-ST-ZIP
 4.1 TITLE: Change Addition
 4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY-ST-ZIP
 5.1 TITLE: Change Addition
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP
 6.1 TITLE: Change Addition
 6.2 NAME
 6.3 STREET ADDRESS
 6.4 CITY-ST-ZIP

14. I do 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 of this report, or on an attachment with an address.

SIGNATURE: **X** *S. Haddad* 3/20/97 305-823-6200
 SIGNATURE AND TYPE FOR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)