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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

Principal Place of Business	Mailing Address	1 (BETH SHEET BHOS 1414)
12750 CAIRO LN OPA LOCKA FL 33054	12750 CAIRO LN OPA LOCKA FL 33054-4611	

FILED May 15 1997 8:00am Secretary of State

DOCUMENT # V53970 1. Corporation Name JOEL AUTO PARTS, INC. Principal Place of Business Mailing Address 12750 CAIRO LN OPA LOCKA FL 33054 (2) Mailing Address 12750 CAIRO LN OPA LOCKA FL 33054								
					3. Date Incorporated or Qualified	3a. Date of !		port
2. Principal f	Prace of Business	2a. Mailing Address			07/29/1992 4. FEI Number	05/01/19		olied For
21		26			65-0348262		Not	Applicable
Suite, Apt	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired			dditional
City & Sta	ites .	City & State			Floating Compoint Financing		ee Rec	
23		28			6. Election Campaign Financing Trust Fund Contribution		dded to	May Be Fees
Z(ρ)	Country 25	Z(p 29	Countr 30	ſy	This corporation has liability to Florida Statutes	iplangible tax ur Yes No	nder s.	199.032,
	g. Name and Address of Cu				10. Name and Address of New R	egistered Agent		
	rnandez, judith		81	1 Name				
	750 CAIRO LN		82	2 Street Add	fress (P.O. Box Number is Not Accepta	ble)		·····
OP/	A LOCKA FL 33054		83	3				
								
			84	4 City		FL 85	Zip C	ode
	registered agent, or both, in the sam familiar with, and accept the c	State of Florida Such change was obligations of, Section 607.0505,	tutes, the above s authorized b Florida Statute	ve-named corp by the corpora es.	poration submits this statement for the ation's board of directors. I hereby acception	purpose of chang pt the appointme	ent as r	egistered
SIGNATURE	Signature, typed or printed name of registers OF FICE AS	od agent and tile if applicable (N S AND DIRECTORS	OTE: Registered Ag	gent Signature requi	poration submits this statement for the ation's board of directors. I hereby accelulation when reinstatings ADDITIONS/CHANGES TO OFFI	DATE CERS AND DIRE	CTORS	S IN 12
SIGNATURE	Signature typed or printed name of registers OFFICERS	od agent and title if applicable (N	OTE: Registered Ag	gent signature requ	lired when reinstating)	DATE	CTORS	
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SIGNATURE 12. THE NAM: STREET ADDRESS CHY. ST. ZIP THE	Signature typed or printed name of register OFFICE:RS PD HERNANDEZ, NIVALDO 401 SW 109 AVE #10 MIAMI FL SD	od agent and tile if applicable (N S AND DIRECTORS	OTE: Registered Aç 13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY- 2.1 TITLE	gent signature requi	lired when reinstating)	DATE CERS AND DIRE	CTORS	S IN 12
SIGNATURE 12. THE NAM: STREET ADDRESS ON STATE HADDRESS NAME	Signature typed or printed name of register OFFICE:RS PD HERNANDEZ, NIVALDO 401 SW 109 AVE \$10 MIAMI FL SD HERNANDEZ, JUDITH	ud agent and the if applicable (N SIAND DIRECTORS) DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY- 2.1 TITLE 2.2 NAME	gent signature requi	lired when reinstating)	DATE CERS AND DIRE	CTORS hange	S IN 12
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information indicated on this annual report or suppliemental annual report is true and accurate and that my signature shall have the same legal effect as if made under or 1 am an officer or director of the employation 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 of 13 n chapter of you an attachipent with an address

SIGNATURE:

UDITH HEEN SUDEZ 4/30