

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**APPROVED
AND
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95 APR 25 AM 11:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

<p>CORPORATION ANNUAL REPORT 1995</p>		<p>FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS</p>
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DOCUMENT # V59822 (9)
1. Corporation Name
TECHNO PARTS EXPORTS, INC.

Principal Place of Business 6305 WEST 27TH AVENUE SUITE 104 HALEAH FL 33016	Mailing Address 6305 WEST 27TH AVENUE SUITE 104 HALEAH FL 33016
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DO NOT WRITE IN THIS SPACE.

21 Principal Place of Business Suite, Apt. #, etc. City & State Zip Country	22 Principal Place of Business Suite, Apt. #, etc. City & State Zip Country	23 Principal Place of Business Suite, Apt. #, etc. City & State Zip Country	24 Principal Place of Business Suite, Apt. #, etc. City & State Zip Country
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3. Date Incorporated or Qualified 08/24/1992	3a. Date of Last Report 05/01/1994
4. FEI Number 65-0354828	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent BULLA, ROSIE 6305 WEST 27TH AVENUE SUITE 104 HALEAH FL 33016				10. Name and Address of New Registered Agent			
				81 Name BULLA, SADDY F.			
				82 Street Address (P.O. Box Number is Not Acceptable) 6395 West 27th Avenue			
				83 Suite 104			
				84 City Hialeah	85 State FL	86 Zip Code 33016	

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: Saddy F. Bulla Sandra B. Morham 4/20/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when changing) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BULLA, SADDY F.	1.2 NAME	
STREET ADDRESS	6305 WEST 27TH AVE. 104	1.3 STREET ADDRESS	
CITY - ST - ZIP	HALEAH FL	1.4 CITY - ST - ZIP	
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BULLA, ROSIE	2.2 NAME	
STREET ADDRESS	6305 WEST 27TH AVE. 104	2.3 STREET ADDRESS	
CITY - ST - ZIP	HALEAH FL	2.4 CITY - ST - ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

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 110.07(3)(k), 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: Sandra B. Morham 4/20/95 (305)820-0131
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Type or Print)