

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **V73022** (8)
1. Corporation Name
E & C PARTS REBUILDERS INC.



Principal Place of Business

**3995 EAST 4TH AVE
HIALEAH FL 33013**

Mailing Address

**3995 EAST 4TH AVE.
HIALEAH FL 33013**

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified
10/21/1992

3a. Date of Last Report
06/30/1995

4. FEI Number

65-0363632

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

9. Name and Address of Current Registered Agent

**NUNEZ, EDUARDO
3995 EAST 4TH AVE.
HIALEAH FL 33013**

10. Name and Address of New Registered Agent

81 Name **Camilo F. Marmol**
82 Street Address (P.O. Box Number is Not Acceptable)
3995 East 4th Avenue
83
84 City **Hialeah** FL 85 **33013**

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, with 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 understand the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and date filed with

(NOTE: Registered Agent signature required when registering)

DATE

- CAMILO F. MARMOL 4/20/96

12. OFFICERS AND DIRECTORS

TITLE **PSD** ☒ DELETE
NAME **NUNEZ, EDUARDO**
STREET ADDRESS **3995 EAST 4TH AVE.**
CITY-ST-ZIP **HIALEAH FL**

TITLE **VTD** ☐ DELETE
NAME **MARMOL, CAMILO FRANCISCO**
STREET ADDRESS **3995 EAST 4TH AVE.**
CITY-ST-ZIP **HIALEAH 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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **PSD** ☒ Change ☐ Addition
1.2 NAME **MARMOL, CAMILO F.**
1.3 STREET ADDRESS **1725 SW 70 ST**
1.4 CITY-ST-ZIP **MIAMI FL 33155**

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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(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 changing it on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

- CAMILO F. MARMOL 4/20/96 362-9139

Date

Daytime Phone #

CP2E034 (12/95)