

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

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Mar 19 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 # 595296 (5)
 1. Corporation Name:
F & G AUTO PARTS, INC.



Principal Place of Business: **3355 N.W. 27TH AVENUE MIAMI FL 33142-5823**
 Mailing Address: **3355 N.W. 27TH AVENUE MIAMI FL 33142-5823**

3. Date Incorporated or Qualified: **11/16/1978**
 3a. Date of Last Report: **05/01/1996**

2. Principal Place of Business:		2a. Mailing Address:		4. FEI Number: 59-1876501		Applied For: <input type="checkbox"/> Not Applicable	
21. State, Apt. #, etc.	26. Suite, Apt. #, etc.	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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
22. City & State	27. City & State	28. Zip: _____ Country: _____		29. Zip: _____ Country: _____		30. _____	

9. Name and Address of Current Registered Agent: GONZALEZ, EUSEBIO R 4298 SW 5TH ST MIAMI FL				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: FL				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, Sect on 607.0505, Florida Statutes.

SIGNATURE: _____ (Supplemental Agent or principal place of registered agent and for 4 if applicable) (R331) Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PD	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: GONZALEZ, EUSEBIO R.		1.2 NAME	
STREET ADDRESS: 4298 S.W. 5TH STREET		1.3 STREET ADDRESS	
CITY- ST- ZIP: MIAMI FL		1.4 CITY- ST- ZIP	
TITLE: STV	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: GONZALEZ, OLGA B		2.2 NAME	
STREET ADDRESS: 4298 S.W. 5TH STREET		2.3 STREET ADDRESS	
CITY- ST- ZIP: MIAMI FL		2.4 CITY- ST- ZIP	
TITLE: _____	<input type="checkbox"/> DELETE	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: _____	<input type="checkbox"/> DELETE	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: _____	<input type="checkbox"/> DELETE	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: _____	<input type="checkbox"/> DELETE	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 does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information included 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: *Olga B. Gonzalez* president 2/26/97
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day, month, Year

CR2E034 (9/96)