


FILED
Apr 14, 1999 8:00 am
Secretary of State

04-14-1999 90225 045 ***150.00

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| PROFIT CORPORATION ANNUAL REPORT 1999 |  | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS |
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DOCUMENT # 595296

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 |
|---|---|

DO NOT WRITE IN THIS SPACE

| | | | | |
|--------------------------------|---------------------|---------------------|---------------------|--|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified 11/16/1978 |
| 21 | Suite, Apt. #, etc. | 26 | Suite, Apt. #, etc. | 4. FEI Number 59-1876501 |
| 22 | City & State | 27 | City & State | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required |
| 23 | Zip Country | 28 | Zip Country | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees |
| 24 | Country | 29 | Country | 8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No |

| | | | |
|--|--|--|--------------|
| 9. Name and Address of Current Registered Agent GANZALEZ, OLGA B 3355 NW 27 AVE MIAMI FL 33142 | | 10. Name and Address of New Registered Agent | |
| 81 | Name | German Marcos | |
| 82 | Street Address (P.O. Box Number is Not Acceptable) | 3355 NW 27 Avenue | |
| 83 | City | Miami | |
| 84 | State | 85 | Zip Code |
| | FL | | 33142 |

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: *[Signature]* DATE: **4/21/99**

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|--------------------------------------|---|--|
| TITLE | PSTV <input type="checkbox"/> DELETE | 1.1 TITLE | President, Treasurer, Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | GONZALEZ, OLGA B | 1.2 NAME | German Marcos |
| STREET ADDRESS | 4298 S.W. 5TH STREET | 1.3 STREET ADDRESS | 2038 S.W. 103 Ct. |
| CITY-ST-ZIP | MIAMI FL | 1.4 CITY-ST-ZIP | MIAMI FL 33165 |
| TITLE | <input type="checkbox"/> DELETE | 2.1 TITLE | Elba Marcos - Secretary <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 2.2 NAME | |
| STREET ADDRESS | | 2.3 STREET ADDRESS | 2038 S.W. 103 Ct. |
| CITY-ST-ZIP | | 2.4 CITY-ST-ZIP | MIAMI FL 33165 |
| 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 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* DATE: **3/30/99** DAYTIME PHONE #: **(305) 634-4095**

CR2E034 (11/88)