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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 433194

COACH & TRUCK, INC.

Apr 21, 1999 8:00 am Secretary of State

04-21-1999 90091 044 ***150.00



Principal Place	e of Business	Mailing Address						
1630 NW 20TH	STREET	1616 N.W. 20 STREET						
MIAMI FL 3314		MIAM! FL 33142			1			
US					DO NOT W	RITE IN THIS	SPACE	
	,				Date Incorporated or Qualife	ed		
	•				08/21/1973			ļ
2. Principal P	lace of Business	2a. Mailing Address	_		4. FEI Number		A	pplied For
		26			59-1569650		N	lot Applicable
21 Cuito Ant	# ota	Suite, Apt. #, etc:			- 30 1000000	<u> </u>		Additional
	#, etc.				Certificate of Status Desired			Required
22		27						
City & State	e	City & State			6. Election Campaign Financin	g 🗆		May Be
23	<u> </u>	28			Trust Fund Contribution		Added	I to Fees
Zip	Country	Zip	Coul	ntry	8. This corporation owes the c	urrent year Inta		 .
24	25	29	30		Personal Property Tax.		Yes	No
	9. Name and Address of Cu	urrent Registered Agent			10. Name and Address of Nev	v Registered /	Agent	
		-		81 Nam	e			
LOR	ienzo, juan R.							
1630 N.W. 20 STREET			82 Street Ad		t Address (P.O. Box Number is Not Acce	ptable)		
	MI FL 33142		1	83				
171141	m 1 5 00 175			"				ţ
			ŀ	84 City	., .,	·	85 Zip	Code
				′		FL		
11. Pursuant	to the provisions of Sections 607	7.0502 and 607.1508, Florida Statute	s, the at	bove-name	d corporation submits this statement for t	he purpose of	changing it	ts registered
office or r	registered agent, or both, in the S	State of Florida. Such change was au	uthorized	by the cor	poration's board of directors. I hereby acc	cept the appoir	imeni as r	egistered
agent. i a	im familiar with, and accept the of	bigations of, Section 607.0505, Flor	iba Siait	ales.				
SIGNATURE		dependent of soliceble (NOTE:	Devetered	Agent signatur	e required when reinstating)	DATE	· ·	
	Signature, typed or printed name of registere			Agent signatur	e required when reinstating)	DATE DEFICERS AN	D DIRECT	ORS IN 12
12.	Signature, typed or printed name of registere OFFICER	S AND DIRECTORS	13.		e required when reinstating) ADDITIONS/CHANGES TO (
	Signature, typed or printed name of registere OFFICER:		13. 1.1 TIT	TLE .			D DIRECT	
12.	Signature, typed or printed name of registers OFFICER: P LORENZO, JUAN R.	S AND DIRECTORS	13. 1.1 TIT 1.2 NA	TLE WME	ADDITIONS/CHANGES TO			
12.	Signature, typed or printed name of registers OFFICER: P LORENZO, JUAN R. 1630 N.W. 20 ST	S AND DIRECTORS	13. 1.1 TIT 1.2 NA	TLE .	ADDITIONS/CHANGES TO			
12. T/TLE NAME	Signature, typed or printed name of registers OFFICER: P LORENZO, JUAN R.	S AND DIRECTORS	13. 1.1 TIT 12 NA 1.3 ST	TLE WME	ADDITIONS/CHANGES TO		Change	Addition
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12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed or printed name of registers OFFICER: P LORENZO, JUAN R. 1630 N.W. 20 ST MIAMI FL V	S AND DIRECTORS	13. 1.1 TIT 12 NA 1.3 ST 1.4 CIT	TLE VME TREET ADDRES TY-ST-ZIP TLE	ADDITIONS/CHANGES TO		Change	Addition
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14. I hereby certify that the information supplied with this filling 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 charged, or on an attachment with an address, with all other like empowered.