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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # J77191 (1)

1. Corporation Name
MO LIFT TRUCK, INC.

Principal Place of Business	Mailing Address
9810 NW 80TH AVE BAY NO 6-A HIALEAH GARDENS FL 33016 US	C/O MO SHAFIO 9820 80 AVE. BAY 6-A HIALEAH GARDENS FL 33016 US

3. Date Incorporated or Qualified: 06/08/1987
3a. Date of Last Report: 03/28/1996

2. Principal Place of Business
21 MO LIFT TRUCK, INC.
Suite, Apt. #, etc. 22 9820 NW 80 AVENUE-BAY6A
City & State 23 HIALEAH GARDENS, FL
Zip 24 33016 Country 25 USA

2a. Mailing Address
26 MO LIFT TRUCK, INC.
Suite, Apt. #, etc. 27 P O BOX 52-4175
City & State 28 MIAMI, FL
Zip 29 33152-4175 Country 30 USA

4. FEI Number: 65-0004792 ☐ 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**

SHAFIO, MO
9820 NW 80 AVE
BAY 6A
HIALEAH FL 33016

10. **Name and Address of New Registered Agent**

81 Name: SHAFIQ, MO
82 Street Address (P.O. Box Number is Not Acceptable): 9820 NW 80 AVENUE BAY 6A
83
84 City: HIALEAH GARDENS FL 85 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: _____ DATE _____
Signature, typed or printed name of registered agent, and title if applicable (NOTE: Registered Agent's signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SHAFIQ, MOHAMMAD 7810 NW 174 TERR HIALEAH FL	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	SHAFIQ, MOHAMMAD 7810 NW 174 TERR HIALEAH, FL 33015	☐ Change ☐ Addition CORRECTION ZIP CODE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (9/96)

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 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: M Shafiq MO Shafiq 01-07-97 (305) 558-7646
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #