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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 # **P93000003613 (5)**

1. Corporation Name:
FORKLIFT SALES & EXPORT, INC.

Principal Place of Business	Mailing Address
7321 N.W. 61ST STREET MIAMI FL 33166	7321 N.W. 61ST STREET MIAMI FL 33166-3703

3. Date Incorporated or Qualified: 01/11/1993
3a. Date of Last Report: 01/30/1996

2. Principal Place of Business
21: 7750 NW 53rd St.
22: Suite, Apt #, etc.
23: City & State: Miami, Fl.
24: Zip: 33166
25: Country: USA

2a. Mailing Address
26: 7750 NW 53rd St.
27: Suite, Apt #, etc.
28: City & State: Miami, Fl.
29: Zip: 33166
30: Country: USA

4. FEI Number: 65-0384681 ☐ 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

ROMERO, MARIA A
7400 MIAMI LAKES DR., D307
MIAMI LAKES FL 33014

10. Name and Address of New Registered Agent

81 Name: Same
82 Street Address (P.O. Box Number is Not Acceptable): 16918 NW 83 Place
83:
84 City: Hialeah 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: _____ (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P ☐ DELETE	1.1 TITLE	Vice President ☐ Change ☑ Addition
NAME	ROMERO, MARIA A	1.2 NAME	Romero, Orlando
STREET ADDRESS	7400 MIAMI LAKES DR. D307	1.3 STREET ADDRESS	16918 NW 83rd Place
CITY-ST-ZIP	MIAMI LAKES FL 33014	1.4 CITY-ST-ZIP	Hialeah, Fl. 33016
TITLE	☐ DELETE	2.1 TITLE	President ☐ Change ☐ Addition
NAME		2.2 NAME	Romero, Maria (Address)
STREET ADDRESS		2.3 STREET ADDRESS	16918 NW 83rd Place
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Hialeah, Fl. 33016
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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: [signature] MARIA A. ROMERO REQUIRED 1/31/97 305/513-0227

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #