

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jan 29, 1999 8:00am
Secretary of State

01-29-1999 90022 032 ****150.00

DOCUMENT # **P96000092451**

Corporation Name
MACK SALES OF SOUTH FLORIDA, INC.

Principal Place of Business

**6801 N.W. 74TH AVENUE
MIAMI FL 33166**

Mailing Address

**6801 N.W. 74TH AVENUE
MIAMI FL 33166**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/12/1996

4. FEI Number

65-0718194

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

City & State

27 City & State

Zip

Country

28 Zip

Country

25

29

30

9. Name and Address of Current Registered Agent

**PERNAS, ALFREDO A
6801 N.W. 74TH AVENUE
MIAMI FL 33166**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

I, 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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

1. TITLE ☐ DELETE

NAME
**DP
PERNAS, ALFREDO A
6801 N.W. 74TH AVENUE
MIAMI FL**

2. TITLE ☐ DELETE

NAME
**TS
BLANCO, FRANCISCO
6801 NW 74 AVE
MIAMI FL**

3. TITLE ☐ DELETE

NAME
**DP
PERNAS, ALFREDO A
6801 N.W. 74TH AVENUE
MIAMI FL**

4. TITLE ☐ DELETE

NAME
**DP
PERNAS, ALFREDO A
6801 N.W. 74TH AVENUE
MIAMI FL**

5. TITLE ☐ DELETE

NAME
**DP
PERNAS, ALFREDO A
6801 N.W. 74TH AVENUE
MIAMI FL**

6. TITLE ☐ DELETE

NAME
**DP
PERNAS, ALFREDO A
6801 N.W. 74TH AVENUE
MIAMI FL**

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/8/99 (305) 883-8506

CR2E034 (11/98)