

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**PROFIT
CORPORATION
ANNUAL REPORT
1996**



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

DOCUMENT # G20932 (1)

1. Corporation Name

OCEAN TRUCK SALES CORPORATION



Principal Place of Business

**2925 NW 36TH ST.
MIAMI FL 33142**

Mailing Address

**2925 NW 36TH ST.
MIAMI FL 33142**

3. Date Incorporated or Qualified
01/27/1983

3a. Date of Last Report
04/26/1995

4. FEI Number
59-2305819

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

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

9. Name and Address of Current Registered Agent

**BALIUS, HONORATO
6250 NW 113 TERRACE
HIALEAH, FL.
MIAMI, FL., 33012**

81. Name

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

83

84. City

FL

85. Zip Code

10. Name and Address of New Registered Agent

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, typed or printed name of registered agent, and title (if applicable)

(NOTE: Registered Agent signature required when name is changed)

Date

12. OFFICERS AND DIRECTORS

TITLE **D** ☒ DELETE
NAME **PADRON, MERICIA**
STREET ADDRESS **4319 W. 9TH CT.**
CITY-STATE-ZIP **HIALEAH FL**

TITLE **SD** ☐ DELETE
NAME **BALIUS, HONORATO**
STREET ADDRESS **6250 N W 113 TERRACE**
CITY-STATE-ZIP **HIALEAH, FL 00000**

TITLE **TD** ☐ DELETE
NAME **BALIUS, INES**
STREET ADDRESS **6250 N W 113 TERRACE**
CITY-STATE-ZIP **HIALEAH, FL 00000**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **PD** ☐ Change ☒ Addition
1.2 NAME **ESTEBAN PADRON**
1.3 STREET ADDRESS **4319 W 9CT**
1.4 CITY-STATE-ZIP **HIALEAH . FL 33012**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-STATE-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-STATE-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

Mericia Padron
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MERICIA PADRON

1-13-96 305-638-1532
Date Daytime Phone #

CR2E034 (12/95)