PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 279590

1. Corporation Name

DADE TRUCK SALES INC

Principal Place	e of Business		Mailing Address					1 3 4 4 7		110 19101 91	(4 B 1 B 1 1 1 B 1		1871 01011 3	(511 5151	
4501 N.W. 27TH AVENUE			4501 N.W. 27TH AVENUE												
MIAMI FL 33142			MIAMI FL 33142						D	O NOT \	WRITE I	N THIS	SPACE		
							3. D:	ate Inco		or Qual					
								3/17/1							
2 Principal P	lace of Rusiness		2a. Mailing Address					El Numb						Appli	ed For
2. Principal Place of Business			26				59-1037256						Not A	pplicable	
Suite, Apt. #, etc.			Suite, Apt. #, etc.										\$8.7	'5 Ad	ditional
9			27				5. C	ertitcate	of Statu	s Desire	d L		Fee	Requ	ired
City & State			City & State				6. EI	lection (Campaig	n Financ	ing _	7	\$5.	<u>0</u> 0 м	ну Ве
3			28				Tr	rust Fun	d Contri	bution		<u>. </u>	Ado	ed to	ees
Zip	Coun	try	Zip	Count	гу		8. Th	his corp	oration o	wes the	current	year Int		_	.
24	25		29	30					Property				X Yes		No
	9. Name and Add	ress of Current	Registered Agent		I		10. N	lame an	d Addre	ss of Ne	ew Reg	stered	Agent		
AFE				8	1 N	ame									
	RELES, JUAN D			8	2 S	reet Addre	ess (P.O	. Box N	umber is	Not Acc	eptable)			-
	NW 27 AVENUE			L											
MAN	M FL 33142			8	3										l
				8	4 C	ity						FL	85	Zip Co	cle
					- 1										í
11. Pursuan:	to the provisions of Se	ctions 607.0502	and 607.1508, Florida Statute	s, the abo	ve-na	med corpor	oration se	ubmits t	his state	ment for	the pur	pose of	changinent a	g its re	gistered
office or r	egistered agent, or bot	th, in the State of cept the obligation	Florida, Such change was a ons of, Section 607,0505, Flo	ι thorized b	y the es.	corporation	n's boar	d of dire	his state	ment for hereby a	ccept tn	pose of	changinent a	g its re s regis	egistered s ered
office or r agent. 1.a	egistered agent, or bot m familiar with, and ac Signature, typed or printed nai	th, in the State of cept the obligation	Florida. Such change was a ons of, Section 607,0505, Florida ditte if applicable. (NOTE	thorized b r da Statute	y the es.	corporation	n's boar	d of dire	ectors. 1	ment for hereby a	ccept tn	pose of e appo	ID DIRE	ctor:	S ered S IN 12
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14. I hereby pertify 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 507. 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.

6.4 CITY-ST-ZIP

6.3 STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

JUAN DE DIOS MEIRELES

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER (IR DIRECTO

305-634-1511

Apr 27, 1999 8:00 am Secretary of State

04-27-1999 90163 003 ***150.00

CR2E034 (11/98)