SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996 AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.) **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1996 (0)**DOCUMENT #** 306246 MIAMI TRACTOR, INC. Mailing Address Principal Place of Business 9550 NW 77 AVE 9550 NW 77 AVE PO BOX 340 PO BOX 340 HIALEAH FL 33011 3. Date Incorporated or Qualified 3a. Date of Last Report HIALEAH FL 33011 06/21/1966 01/19/1995 Applied For 4 FFI Number 2a. Mailing Address 2. Principal Place of Business Not Applicable NOT APPLICABLE 26 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Cert-ficate of Status Desired \Box Fee Required 27 22 \$5.00 May Be 6. Election Campaign Financing City & State City & State Added to Fees Trust Fund Contribution 28 23 8. This corporation has fiability for intangible tax under s. 199.032, Country ZiD Ζıρ Yes No Florida Statutes 29 30 24 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name RODRIGUEZ, GERARDO JR. Street Address (PO. Box Number is Not Acceptable) 82 449 EAST 8TH ST. HIALEAH FL 33010 83 85 Zip Code 84 City 11. Pursuant to the provisions of Sections 607 0502 and 607.1508. Florida Statutes, the above-riamed 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: Birg stered Agent's greature required when re-installing) Signature, typed or profess name of registered agent and tire if applicative (36/8)ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. Change Addition DELETE 1 1 THILE TITLE CR2E034 1.2 NAME RODRIGUEZ, GERARDO NAME 449 E. 8TH STREET 1.3 STREET ADORESS STREET ADDRESS HIALEAH FL 14 CITY-ST-ZP CHTY - ST - ZIP Change Addition DELETE 2.1 Till E TITLE 22 NAME RODRIGUEZ, BERTA NAME 23 STREET ADDRESS 449 E 8TH ST STREET ADDRESS HIALEAH FL 2 4 CITY - ST - ZIP CITY - ST - ZIP Change Addition DELETE 3.1 TITLE TITLE 3.2 NAME RODRIGUEZ, GERARDO JR NAME 3 3 STREET ADORESS 449 E 8TH ST STREET ADDRESS 34 CITY-SI-ZIP HIALEAH FL CITY - ST - ZIP Change Addition DELETE 4.1 T(E) F TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CiTY - ST - ZIP CITY-ST-ZIP Change Addition DELETE 5 1 THILE TITLE 5 2 NAME NAME 5.3 STREET ACIDRESS STREET ADDRESS 54 City - ST- ZIP CITY - ST - ZIP Change Addition DELETE 61 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 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 1 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address. 6.4 CITY - ST - ZIP

OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

06-05-96, (301)8210317