

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
Mar 10, 1999 8:00 am
Secretary of State

03-10-1999 90097 017 ***150.00

DOCUMENT # 394202

1. Corporation Name

BROKERS CARTAGE CO., INC.

Principal Place of Business

**2400 N.W. 93RD AVENUE
MIAMI FL 33172**

Mailing Address

**2400 N.W. 93RD AVENUE
MIAMI FL 33172**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/17/1972

4. FEI Number

59-1382310

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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

9. Name and Address of Current Registered Agent

**DOMINGUEZ, JOHN A
4920 S.W. 94TH AVENUE
COOPER CITY FL 33328**

10. Name and Address of New Registered Agent

81 Name **Anthony L. Tolgyesi**

82 Street Address (P.O. Box Number is Not Acceptable)
1909 TYLER STREET

83 **FOURTH FLOOR**

84 City **HOLLYWOOD**

85 Zip Code
FL 33020

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. I am familiar with and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Anthony L. Tolgyesi

DATE

3/3/99

Signature, typed or printed name of registered agent and time if applicable.

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE **PD** ☒ DELETE
NAME **DOMINGUEZ, JOHN A**
STREET ADDRESS **4920 S.W. 94TH AVE.**
CITY-ST-ZIP **COOPER CITY FL**

TITLE **ST** ☐ DELETE
NAME **DE LA ROSA, RALPH**
STREET ADDRESS **1015 VENETIA AVE.**
CITY-ST-ZIP **CORAL GABLES FL**

TITLE **TD** ☒ DELETE
NAME **DE LA ROSA, RALPH**
STREET ADDRESS **1015 VENETIA AVENUE**
CITY-ST-ZIP **CORAL GABLES FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE **STD** ☒ Change ☐ Addition
2.2 NAME **DE LA ROSA, RALPH**
2.3 STREET ADDRESS **2400 NW 93RD Avenue**
2.4 CITY-ST-ZIP **Miami Florida 33172**

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE **PD** ☐ Change ☒ Addition
4.2 NAME **De La Rosa, Haydee G.**
4.3 STREET ADDRESS **2400 NW 93rd Avenue**
4.4 CITY-ST-ZIP **Miami Florida 33172**

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

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

14. 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:

Ralph De La Rosa **3/3/99** **305-592-6000**
Signature and Typed or Printed Name of Signing Officer or Director Date Daytime Phone #

CR2E034 (11/98)