

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

APPROVED
AND
FILED

95 MAY -1 PM 3:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra L. Northam
Secretary
DIVISION OF CORPORATIONS

DOCUMENT # 409472 (8)

1. Corporation Name
G.T. USED TRUCKS, INC.

Principal Place of Business Mailing Address
2190 N W 7TH AVE 2190 N W 7TH AVE
MIAMI FL 33127 MIAMI FL 33127

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 09/25/1972 3a. Date of Last Report 02/22/1994

2. Principal Place of Business 2a. Mailing Address
21 26

4. FEI Number 59-1486344 Applied For Not Applicable

22 Suite, Apt. #, etc 27 Suite, Apt. #, etc

5. Certificate of Status Desired \$8.75 Additional Fee Required

23 City & State 28 City & State

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

24 Zip Country 25 Country 29 Zip Country 30 Country

8. This corporation has liability for intangible tax under § 100.022, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
BECKERMAN, MIRIAM
6450 SW 126 ST. RD.
MIAMI FL 33156

10. Name and Address of Now Registered Agent
B1 Name Antonio L. Gonzalez
B2 Street Address (P.O. Box Number is Not Acceptable) 2190 NW 7th Ave.
B3
B4 City Miami FL B5 Zip Code 33127

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]* DATE 5/1/95

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PTS
NAME	GONZALEZ, ANTONIO L
STREET ADDRESS	2190 N W 7TH AVE
CITY, ST, ZIP	MIAMI, FL 00000
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY, ST, ZIP	800001478008
21 TITLE	-05/08/95--010003 eng 020 Addition
22 NAME	****200.00 ****200.00
23 STREET ADDRESS	
24 CITY, ST, ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY, ST, ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY, ST, ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY, ST, ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY, ST, ZIP	

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

SIGNATURE: X *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Antonio L. Gonzalez

4/13/95