FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CCRPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

Mailing Address

1999

DOCUMENT # 486831

1. Corporat on Name

Principal Place of Business

RODY TRUCK CENTER CORP.

| 2479 NW 36 ST MIAMI FL 33142 | | 2479 NW 36 ST Miami Fl 33142 | | | DO NOT V | VRITE IN THI | 3 SPACE | | |
|---------------------------------|--|--|------------------------|--------------------|---------------------------------|---|----------------|-----------------|------------|
| | | | | | | 3. Date In corporated or Quali 10/01/1975 | fed | | |
| 2. Principal Place of Business | | 2a. Mailing Address | | 4. FEI Number | | Арг | oled For | | |
| 21 | | 26 | | | <u>59-1624595</u> | | | Applicable . | |
| Suite, Act. #, etc. | | Suite, Apt. #, etc. | | | 5. Certificate of Status Desire | ı 😿 | \$8.75 A | | |
| 22 | | 27 | | | | | Fee Red | quired | |
| City & State | | City & State | | | 6. Electior Campaign Financi | ng 📋 | \$5.00 | • | |
| 23 | | 28 | | | Trust Fund Contribution | | Added to | Fees | |
| Zip Country | | Zip Country | | | 8. This co poration owes the | current year li | | | |
| 24 | 25 | 29 | 30 | | | Personal Property Tax. | | | []No |
| | 9. Name and Address of Current | Registered Agent | | | | 10. Name and Address of Ne | w Registere | Agent | |
| OCHEZ POPOWALDO | | | 8 | ۱ | Name | | | | |
| GOMEZ, RODOVALDO | | | 82 Street Ad | | Street Add | ress (P.O. Box Number is Not Acc | eptable) | | |
| 1250 STARLING AVE. | | | | \perp | | | | | |
| MAIM | VII SPRINGS FL 33136 | | 8 | 3 | | | | | |
| | | | 8 | 4 | City | | FI | 85 Zip C | Ccde |
| | | | | | | and in a sharit, this statement for | | | r distored |
| office o r | to the provisions of Se tions 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligat | of Florida. Such change was a | utnorizea d | уιг | ne corpora i | on's board of directors. I hereby a | ccept the appo | sintment as reg | gistered |
| SIGNATURE | | ALOUE TO A PROPERTY AND A PROPERTY A | Do maternal An | | | ed when reinstating) | DATE | | |
| 12. | Signature, typed or printed name of registered agen | _ | 13. | jent : | signature requi | ADDITIONS/CHANGES TO | Bitte | ND DIRECTO | RS IN 12 |
| TITLE | PD | D DELETE | 1.1 TITLE | : | | | | ☐ Change | Addition |
| | GOMEZ, RODOVALDO | | 1.2 NAME | | | | | | |
| NAME | A THE ARLY SATILLY ASSETS | | 13 STREET ADDRESS | | nnneceé | | | | |
| STREET ADDRES S | l = 11 1 1 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 | | | | + | | | | |
| CITY-ST-ZIP | MIAMI FL | □ DELETE | 1.4 CiTY- 2 1 TITLE | | ZIP | | | Change | Addition |
| TITLE | VSD | □ Otterie | 2.2 NAME | | | | | • | _ |
| NAME | GOMEZ, YRMA C. | | | | | | | | |
| STREET ADDRESS | | | 23 STRE | | 1 | | | | |
| CITY-ST-ZIP | MIAMI FL | —————————————————————————————————————— | _ | 2.4 CITY-ST-ZIP | | | | Change | Addition |
| TITLE | \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ | ☐ DELETE | | 3.1 TITLE | | | | Change | |
| NAME | CARRASCO, RENE I | | 3 2 NAME | | } | | | | |
| STREET ADDRESS | | | | | ADDRESS | | | | |
| CITY-ST-ZIP | MIRAMAR FL | | 3 4. CITY | | ZIP | | | | - Addition |
| TITLE | V | ☐ DELETE | 4 1 TITLE | Ē | | | | Change | ☐ Addition |
| NAME | GOMEZ, RODY | | 4. 2 NAME | | | | | | |
| STREET ADDRES S | 2479 NW 36TH STREET | 79 NW 36TH STREET 43 | | ET A | ADDRESS | | | | |
| CITY-ST-ZIP | MIAMI FL | | 4.4 CITY- | ST- | ZIP | | | | |
| TITLE | D | DELETE | 5.1 TITLE | | | | | Change | ☐ Addition |
| NAME | AME CARRASCO, MARINA | | 5.2 NAME | 5.2 NAME | | | | | |
| STREET ADDRESS | | | 5.3 STRE | 5.3 STREET ADDRESS | | | | | |
| CITY-ST-ZIP | I success and management of the second of th | | 5.4 CITY- | \$T- | ZIP | | | | |
| TITLE | □ DELETE 6.1 | | 6.1 TITLE | | | | | Change | ☐ Addition |

6.3 STREET ADDRESS

64 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 cortify 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 unlier oath; that I am an officer or director of the corporation by the receiver or trusted 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 one analysis with an address, with all other like empowered.

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

FILED Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90121 003 ***158.75