

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 566684 (7)

1. Corporation Name

KENWORTH TRUCK OF SOUTH FLORIDA, INC.



Principal Place of Business

17151 NW 7TH AVE EXT
POB 694220
MIAMI FL 33269

Mailing Address

17151 NW 7TH AVE EXT
POB 694220
MIAMI FL 33269

3. Date Incorporated or Qualified
03/02/1978

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

24

9. Name and Address of Current Registered Agent

TWOROGER, KENNETH F.
2851 N. FEDERAL HWY.
SUITE 100
FORT LAUDERDALE FL 33306

81 Name

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

83

84 City

FL

85 Zip Code

10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Section 190.01, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, in the State of Florida, as authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the duties of, the registered agent.

SIGNATURE

Signature type

Applicable

NOTE: Registered Agent signature required when reappointing

Date

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

V
DIAZ, JOSE M
17151 NW. 7TH AVE EXT
MIAMI FL

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

PDT
TWOROGER, THOMAS M.
17151 N.W. 7TH AVE EXT
MIAMI FL

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

VS
GRAHAM, ALLYSE
17151 NW 7TH AVE EXT
MIAMI FL

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

Change Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

Change Addition

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

Change Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

Change Addition

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

Change Addition

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

Change Addition

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. 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

THOMAS TWOROGER PRESIDENT

Date

Daytime Phone #

CR2E034 (12/95)