

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 # 664601 (2)

1. Corporation Name

DADE TRAILER & CONTAINER REPAIR CORP.



Principal Place of Business

Mailing Address

P.O. BOX 011431
MIAMI FL 33101

P.O. BOX 011431
MIAMI FL 33101

3. Date Incorporated or Qualified

02/19/1980

3a. Date of Last Report

03/22/1995

2. Principal Place of Business

2a. Mailing Address

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Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BENITEZ, ROMAN
4640 N.W. 5TH ST.
MIAMI FL 33126

81 Name

ROMAN A. BENITEZ

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

4640 N.W. 5 ST.

83

84 City

Miami

FL

85 Zip Code

33126

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 typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

PD

☒ DELETE

NAME

BENITEZ, ROMAN

STREET ADDRESS

4640 N.W. 5TH ST.

CITY - ST - ZIP

MIAMI FL 33126

TITLE

VD

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NAME

BENITEZ, BLANCA

STREET ADDRESS

4640 N.W. 5TH ST.

CITY - ST - ZIP

MIAMI FL 33126

TITLE

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NAME

MARIN, ZENON

STREET ADDRESS

240 W. 52ND ST.

CITY - ST - ZIP

HIALEAH FL 33012

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TITLE

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NAME

STREET ADDRESS

CITY - ST - ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

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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 or changed or on an attachment with an address.

SIGNATURE: X Roman A. Benitez (ROMAN A. BENITEZ) 2-29-96 (305) 856-1079

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)