


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

FILED

Jan 27 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # G68021 (6)			
1. Corporation Name HINO TRUCK OF SOUTH FLORIDA, INC.			
Principal Place of Business 17151 NW 7TH AVE EXT PO BOX 694220 MIAMI FL 33209		Mailing Address 17151 NW 7TH AVE EXT PO BOX 694220 MIAMI FL 33209-1220	
2. Principal Place of Business 21 1427 Ponce de Leon DR		2a. Mailing Address 26 1427 Ponce de Leon DR.	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.	
23 City & State FT. LAUDERDALE, FL		28 City & State FT. LAUDERDALE, FL	
24 Zip 33316		29 Zip 33316	
25 Country US		30 Country US	
9. Name and Address of Current Registered Agent TWOROGER, KENNETH F. 2851 NORTH FEDERAL HWY. FT. LAUDERDALE FL 33308		10. Name and Address of New Registered Agent 81 Name THOMAS M TWOROGER 82 Street Address (P.O. Box Number is Not Acceptable) 1427 Ponce de Leon Drive 83 84 City FT LAUDERDALE FL 85 Zip Code 33316	
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 <i>Thomas M Tworoger</i> DATE 1-15-97 <small>(Signature typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating.)</small>			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVTP TWOROGER, THOMAS M 17151 NW 7TH AVE EXT MIAMI, FL 00000	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	SECRETARY & President (Director) Thomas M Tworoger 1427 Ponce de Leon Drive FORT LAUDERDALE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GRAHAM, ALLYSE F. 17151 N.W. 7TH AVE EXT MIAMI FL	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	
14. I do 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.			
SIGNATURE: <i>Thomas M Tworoger</i>		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	
Date		Date	



CR2E034 (9/96)