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

PROFIT



FLORIDA DEPARTMENT OF STATE

ANNU	CORPORATION ANNUAL REPORT 1999		Katherine Harris Secretary of State DIVISION OF CORPORATIONS				Secretary of State 03-30-1999 90016 032 ***150.00					
	MENT#	\						03 30 1999	30010		0.00	
Principal Place	GENE AL TRUCK I	ARTIS III	SUPPLIES	3,	INC							
	7300				A 17 E		DO NOT WRITE IN THIS SPACE					
7388 NW 72 AVE MIAMI FL 33166			7388 NW 72 AVE MIAMI FL 33166				3. Date Incorporated or Qualified 08/04/1988					
2. Principal Pl	ace of Business	2a. Mailir	ng Address				4. FEI Number 0			I A	pplied For	7
21		26					65-000	33032	_		ot Applicable	
Suite, Apt. 7	#, etc.	Suite 27	Suite, Apt. #, etc.				5. Certifcate of St	atus Desired		-	Additional equired] _
City & State		28					6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees					
Zip	Country Zip			Country			8. This corporation owes the current year Intangible					
24	25 29 9. Name and Address of Current Registered Agent			30			Personal Prope 10. Name and Add		Pagietarad	Yes	□No	-
	9. Name and Address of Cune	iit Registereu	Agent		81 Name		TO. Name and Add	11 CSS OF 14CW	registered	Agent		
	INOSA, HECTOR										· · · · · · · · · · · · · · · · · · ·	-
	29 N.W. 10th STR	REET			82 Street	Addres	ss (P.O. Box Number	is Not Accept	anie)			1
MIA	MI FL 33182				83							
					94 City					85 Zip	Code	\dashv
							FL					
office or re	o the provisions of Sections 607.050 egistered agent, or both, in the State in familiar with, and accept the obliga	of Florida. Suc	ch change was auth	orized	by the corp	corpor oration	ation submits this sta 's board of directors.	atement for the I hereby acce	purpose o	f changing its intment as re	registered egistered	
SIGNATURE												
12.	Signature, typed or printed name of registered age	ent and title if applicat ND DIRECTOR		gistered 13.	Agent signature	required v	ADDITIONS/CH/	ANGES TO DE	DATE EICERS A	ND DIRECTO	DRS IN 12	- 6
TITLE	PD OFFICERS AI	NO DIRECTOR	DELETE .	1.1 TR	1F	T	ADDITIONS/CIT	ANGES TO OF	FICERS A	Change	Addition	(11/98)
NAME	VINAS, ROLANDO			1.2 NA	:						_	
STREET ADDRESS	3712 S.W. 132nd	pl.		1.3 ST	REET ADDRESS							R2E034
CITY-ST-ZIP	MIAMI FL 33182	·		1.4 CF	TY-ST-ZIP							12
TITLE	TD		☐ DELETE	2.1 ∏	LE	TD				Change	☐ Addition	O
NAME	ESPINOSA, JOSE	M		2.2 NA	ME		PINOSA, JO					
STREET ADDRESS	4481 SW 138 CT			2.3 ST	REET ADDRESS		229 NW 101		EET			
CITY-ST-ZIP	MIAMI FL				TY-ST-ZIP	MIA	AMI FL 33	182				
TITLE	SD		DELETE	3.1 TII						Change	Addition	']
NAME	ESPINOSA, HECTO			3.2 NA								
STREET ADDRESS	13229 NW 10 STR	REET		i	REET ADDRESS							
CITY-ST-ZIP	MIAMI FL		DELETE	3.4. CI	TY-ST-ZIP					☐ Change	Addition	1
TITLE			- Decere	4.1 #11 4.2 N/						□ onange		1
NAME STREET ADDRESS					WE REET ADDRESS							
CITY-ST-ZIP					Y-ST-ZIP							
TITLE	,		☐ DELETE	5.1 TIT						☐ Change	☐ Addition	1
NAME				5.2 NA	ME							
STREET ADDRESS				5.3 ST	REET ADDRESS							
CITY-ST-ZIP					Y-ST-ZIP	<u> </u>						1
TITLE			☐ DELETE	6.1 TIT	LΕ	1				Change	☐ Addition	1

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 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, with all other like empowered.

6.2 NAME

6.3 STREET ADDRESS

SIGNATURE:

NAME

STREET ADDRESS

ESPINOSA S/D 3-16/99 305-888-0206
DR DIRECTOR Date Daylor