FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00 **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State 1996 DIVISION OF CORPORATIONS L41865 (1)DOCUMENT # 1. Corporation Name GENERAL MOVING, INC. Mailing Address Principal Place of Business 1068 W 38 ST 1068 W 38 ST HIALEAH FL 33012 HIALEAH FL 33012 3a. Date of Last Report 3. Date incorporated or Qualified 07/20/1995 01/11/1990 4. FEI Number Applied For 2. Principal Place of Business 2a. Mailing Address 65-0168951 Not Applicable 1351 N.E. miami GARDEN DE 21 1951 Ut MIRMI GAROLD DR. \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required SwitE 1603E , SUITE 1623E 6. Election Campaign Financing \$5.00 May Be City & State Added to Fees Trust Fund Contribution NORTH MICHALL 23 NORTH HIGHI 8. This corporation has liability for intangible tax under s 199.032, Ζıp Yes No Florida Statutes 33179 30 29 25 10. Name and Address of New Registered Agent 9, Name and Address of Current Registered Agent Name FORTE, HUMBERTO Street Address (P.O. Box Number is Not Acceptable) 82 1068 W 38 ST 83 HIALEAR FL 33012 Zip Code 84 City 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable CR2E034 (12/95) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. Change Addition DELETE 1.11116 TITLE FORTE, Humbertu 1.2 NAME FORTE, HUMBERTO NAME 1068 W 38 ST 1.3 STREET ADDRESS 1068 W 385t STREET ADDRESS NORTH Minmi, Fl 33179 HIALEAH FL 14 CHTY-ST-ZIP CITY-ST-ZIP Addition DELETE 2 1 TITLE TITLE 2.3 STREET ADDRESS STREET ADDRESS 2 4 CITY - ST - ZIP CITY-ST-ZIP ☐ Addition Change DELETE 3 1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 34 CITY-ST-ZIP CITY - ST - ZIP Change ☐ Addition DELETE 4 1 TITLE TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-ZIP 300001789409® -04/22/96--01068--005 Addition ☐ DELETE 5 1 TITLE TITLE 52 NAME NAME ***200.00 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 6 1 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP 14. I do hereby certify that the information supplied with this filing is yoluntarily 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 sugnitemental annual report is true and accurate and that my signature shall have the same legal effect as if made under cath; 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 inchanged, or on an attachment with an address. CITY-ST-ZIP

TED NAME OF SIGNING OFFICER OR DIRECTOR