File on or before May 1, 1998 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE. LIMITED LIABILITY COMPANY FLORIDA DEPARTMENT OF STATE Sandra B. Mortham ANNUAL REPORT Secretary of State 1998 **DIVISION OF CORPORATIONS** 98 MAR - 4 PN 1:22 FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee SECALIANY OF STATIONAL TALLAMASSEE, FLORICA \$ 188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE Name and Malling Address
 of Limited Liability Company **DOCUMENT #** L95000000765 1a. Principal Place of Business Address NELSON TRUCK SALES, L.C. 7750 N.W. 52ND STREET 7750 N.W. 52ND STREET MIAMI FL 33166 MIAMI FL 33166 2a. Mailing Address 3. Date Organized or Qualified | 3a. State of Formation 2. Principal Place of Business 09/01/1995 4. FEI Number Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State Not Applicable 65-0645861 5. Date of Last Report 6. Certificate of Status Desired Country Country \$8.75 Additional Fee Required 8. Name and Address of New Registered Agent/Office 7. Name and Address of Current Registered Agent FREEMAN, PAUL H Street Address (P.O. Box Number is Not Acceptable) 9100 SOUTH DADELAND BLVD. 1001 BRICKELL BAY DRIVE Sulte, Apt. #, etc. SUITE-1406 MIAMI FL 33156 1200 Zip Code うるほし MAAIM FL 9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company 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 affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations. SIGNATURE \_ (Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating) 10. Title Managing Members/Managers **Business Street Address** City, State and Zip Code MGRM MARTINEZ, NELSON 7750 N.W. 52ND STREET MIAMI FL MEM FREEMAN, PAUL H 7750 N.W. 52ND STREET MIAMI FL HOROWITZ, HAROLD 900002449849---\*\*\*\*188.75 \*\*\*\*186.75 11. Ido hereby certify that the information supplied with this filling to earnot qualify for the exemption stated in Section 119.07(3) (i), Florida Statutes. I further certify that the information indicated on this annual report is true and accurate and that my schadure shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or rooted empowered that cute this report as required by Chapter 608, Florida Statutes; and that my name appears in Block 10, or on an

SIGNATURE:

SIGNATURE AND TYPEO OF PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

attachment with an address.