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

Mailing Address

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # M40143

1. Corporation Name

STREET ADDRESS

CITY-ST-ZIP

Principal Place of Business

SOTO HEAVY EQUIPMENT, INC.

% JOSE SOTO 112 S.W. 11 STREET HALLANDALE_FL.33009		% Jose Soto 112 S.W. 11 Street Hallandale FL 33009—-		3. Date incorporated or Qualifed 10/16/1986					
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number		工	+	lied For
21		26			<u>59-2741473</u>				Applicable
Suite, Apt. a	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired			75 Ace Req	dditional Juired
City & State	)	City & State			Election Campaign Financing     Trust Fund Contribution			.00 A	May Be Fees
Zip	Country	Zip (30)	Country		This corporation owes the curre     Personal Property Tax.		ngible Yes	. [	]No
	9. Name and Address of Cur	<del></del>			10. Name and Address of New R	egistered A	gent		
			81	Name					
	o, german S.W. 11 street		82 Street Ad		dress (P.O. Box Number is Not Accepta	ible)			
HALI	ANDALE FL 33009		83						
			84	City		FL	85	Zip C	ode
.11. Pursuant t	to the provisions of Sections 607.0 egistered agent, or both, in the Sta	0502 and 607.1508, Florida Statutes, thate of Florida, Such change was author	e above	-named co	rporation submits this statement for the ition's board of directors. I hereby accep		hangir ment	ng its r as reg	egistered Istered
SIGNATURE	·	igations of, Section 607.0505, Florida S		-1	ired when reinstating)	DATE			,
	Signature, typed or printed name of registered		13,	signature requi	ADDITIONS/CHANGES TO OF		DIRE	CTOE	2S IN 12
TITLE	P		13.		ADDITIONAL CITATIONS TO CIT		Cha		Addition
NAME	SOTO, JOSE	_	I.2 NAME				_	-	
STREET ADDRESS	112 S.W. 11 STREET		I.3 STREET	ADDRESS					
CITY-ST-ZIP	HALLANDALE FL		I.4 CITY-ST	į					
TITLE	VTS		1 TITLE	- 231			Cha	nge	Addition
NAME	SOTO, CONSUELO	2	2.2 NAME						
STREET ADDRESS	112 S.W. 11 STREET		3 STREET	ADDRESS					
CITY-ST-ZIP	HALLANDALE FL	2	2. 4 CITY- S	T-ZIP					
TITLE	10,550,015,122,15		3.1 TITLE				Cha	ange	☐ Addition
NAME		3	3.2 NAME						
STREET ADDRESS		3	3.3 STREET	ADDRESS					
CITY-ST-ZIP		3	3.4. CITY-S1	r-zip					
TITLE		☐ DELETE 4	1.1 TITLE				Cha	ange	Addition
NAME		4	. 2 NAME						
STREET ADDRESS		4	.3 STREET	ADDRESS					
CITY-ST-ZIP		4	4 CITY-ST	-ZIP					
TITLE		☐ DELETE 5	5.1 TITLE		-		Cha	ange	Addition
NAME		5	5.2 NAME						
STREET ADDRESS		5	3.3 STREET	ADDRESS					
CITY-ST-ZIP			5.4 CITY-ST	- ZIP					
TITLE		□ DELETE 6	S.1 TITLE				Cha	ange	☐ Addition
NAME		6	3.2 NAME						
STREET ANDRESS		. 6	3.3 STREET	ADDRESS					

6.4 CITY-ST-ZIP

SIGNATURE:

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.

May 08, 1999 8:00 am Secretary of State

05-08-1999 90025 044 \*\*\*150.00