

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

FILED

Jan 23 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P92000003476 (8)**

1. Corporation Name
BROTHER TRUCK REPAIR, INC.



Principal Place of Business 10651 W. OKECHOBEE RD. HIALEAH GARDENS FL 33016	Mailing Address 10651 W. OKECHOBEE RD. HIALEAH GARDENS FL 33016-1956
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 11/05/1992		3a. Date of Last Report 01/26/1996	
21 Suite, Apt. #, etc.	26	27	28	4. FEI Number 65-0368408	Applied For Not Applicable		
22 City & State	27	28	29	5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required		
23 Zip	29	30	31	6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees		
24 Country	32	33	34	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No			

9. Name and Address of Current Registered Agent JEREZ, FRANCISCO N 10651 W. OKECHOBEE RD. HIALEAH GARDENS FL 33016				10. Name and Address of New Registered Agent			
81 Name				82 Street Address (P.O. Box Number is Not Acceptable)			
83				84 City			
				85 Zip Code FL			

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 _____ (Signature, typed or printed name of registered agent and fee, if applicable) (NOTE: Registered Agent Signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DPT	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition	
NAME	JEREZ, FRANCISCO N		1.2 NAME		
STREET ADDRESS	9018 NW 114 TERRACE		1.3 STREET ADDRESS		
CITY-ST-ZIP	HIALEAH GARDENS FL 33016		1.4 CITY-ST-ZIP		
TITLE	DVS	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition	
NAME	JEREZ, MODESTO A		2.2 NAME		
STREET ADDRESS	2227 W. 64 ST., APT. 202		2.3 STREET ADDRESS		
CITY-ST-ZIP	HIALEAH GARDENS FL 33016		2.4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE	☐ Change ☐ Addition	
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition	
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition	
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition	
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			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: *[Signature]* **1/14/97** (305) 824-1944
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)