PROFIT CORPORATION ANNUAL REPORT

1999

A1 PALLETS DEPOT INC.



DOCUMENT # P93000018196

FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

## FILED Apr 27, 1999 8:00 am Secretary of State

04-27-1999 90128 005 \*\*\*150.00

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Mahing Address 320 MM 35TH AVE MAM FL 23142 US  22 MM 35TH AVE MAM FL 23142 US  3. Date to corporate or Qualited 33/10/1993  2. Panagouil Place of Business 2. A Mailing Address 2. Mailing Address 3. Date to corporate or Qualited 33/10/1993  3. Date to corporate or Qualited 33/10/1993  4. Fell Ni mber 4. Fell Ni mber 55/5082288  No Applicable 55/5082288  No Applicable 55/5082288  No Applicable 56/5082288  No Applicable 56/508288  No Applicable 56/50828  No Applicable 56/508288  No App							<b> </b>	0 19113 WH 1981
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S. Name and Address of Current Registered Agent  10. Name and Address of New Register 3 Agent  LONDONO, CARLOS 0 13666 SW 117TH LANE MIAMI FL 33186  11. Pursuant to the provisions of Sections 607.050: and 607.1508. Florads Statutes. The above-named or reportation submits this statement for the purpose of changing its egistered office or registered agent, or bit in, in the State of Florids. Such change was authorized by the corpor tion's board of firectors. I hereby accept the approximent as registered agent. I am final with, and or printed in me of registerin agent accept the obligation of Section 507.0505, Florids Statutes.  SIGNATURE  SIGNATURE  OFFICERS AN 3 DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR 5IS IN 12  TITLE  PONDED  OFFICERS AN 3 DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR 5IS IN 12  12. NAME  STREET ADDRESS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR 5IS IN 12  14. NAME  15. STREET ADDRESS  15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR 5IS IN 12  16. Change Addition  AMAIN FL  16. DELETE  17. DELETE  18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR 5IS IN 12  18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR 5IS IN 12  19. NAME  10. DELETE  11. TITLE  12. NAME  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR 5IS IN 12  12. NAME  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR 5IS IN 12  14. TITLE  15. TITLE  16. Change Addition  17. Addition  18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR 5IS IN 12  19. NAME  10. DELETE  11. PURSUAND ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR 5IS IN 12  19. NAME  10. DELETE  11. PURSUAND ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR 5IS IN 12  19. NAME  10. DELETE  10. DELETE  11. PURSUAND ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR 5IS IN 12  19. NAME  10. DELETE  10. DELETE  11. PURSUAND ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR 5IS IN 12  19. NAME  10. DELETE  10. DELETE  11. PURSUAND ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR 5IS IN 12  19. NAME  10. NAME  11. PURSUAND ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR 5IS IN 12  19. NAME  10.	Zip	Courtry	Zip	Coun	try	8. This corporation owes the current year		<b>-1.</b>
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11. Pursuint to the provisions of Sizitions 807.050; and 607.1508, Florida Statites, the above-named ciriproration subm is this statement for the purpose of changing its significant office or registered agent, or bit in, in the State of Florida. Statites, the above-named ciriproration subm is this statement for the purpose of changing its significant office or registered agent, or bit in, in the State of Florida. Statites, the above-named ciriproration subm is this statement for the purpose of changing its significant office or registered agent, or bit in, in the State of Florida. Statites, the above-named ciriproration subm is this statement for the purpose of changing its significant of the purpose of change its significant of the purpose of the purpos	(434)	IDONO CARLOS O		Į.	Name			
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B4 City   FL   85 Zip Code								
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DELETE	SIGNATURE	Signature, typed or printed n: me of registered ag	en and title if applicable. (NO E	Registered A	gent signature req			
LONDONO, CARLOS O   12 NAME   13 STREET ADDRESS   13666 SW 117TH LANE   14 CITY-ST-ZIP	12.	OFFICERS A	N ) DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS		
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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.C7(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 office or director of the corporation or the receiver or trustee empowered to execute this report as majorited by Chapter 607. Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, and an attachment with an address, with all other like empowered.

SIGNATURE:

GNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

124/99 1

(30J) 638-3588

:R2E034 (11/98)