FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P94000007084 (4)**

1. Corporation Name

ARAMIS TRUCK SALES, INC.

Principal Place of Business	Mailing Address
557 GRAHAM DAIRY ROAD VENUS FL 33960	557 GRAHAM DAIRY ROAD VENUS FL 33960

3. Date Incorporated or Qualified: **01/28/1994**

3a. Date of Last Report: **06/27/1995**

2. Principal Place of Business	2a. Mailing Address
21 10901 N.W. So. RIVER DR.	26 10901 N.W. So. RIVER DR.
22 Suite, Apt. #, etc: NONE	27 Suite, Apt. #, etc: NONE
23 City & State: MEDLEY FLA	28 City & State: MEDLEY FLA.
24 Zip: 33178 25 Country: U.S.A	29 Zip: 33178 30 Country: U.S.A

4. FEI Number: **65-0465614** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

TEJON, ARAMIS
557 GRAHAM ROAD
VENUS FL 33960

10. Name and Address of New Registered Agent

81 Name: TEJON ARAMIS R.

82 Street Address (P.O. Box Number is Not Acceptable)

83 10901 N.W. So. RIVER DR.

84 City: MEDLEY **FL** 85 Zip Code: 33178

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] ARAMIS R. TEJON 2-1-96
Signature, Typed or Printed Name of Registered Agent and Date (REQUIRED when changing Registered Agent)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1 TYPE	D ☐ DELETE	1 TITLE	P ☐ Change ☒ Addition
1 NAME	TEJON, ARAMIS	1 NAME	RODRIGUEZ LEONARDO
1 STREET ADDRESS	557 GRAHAM DAIRY RD.	1 STREET ADDRESS	6636 EMERALD LAKE DRIVE
1 CITY-ST-ZIP	VENUS FL 33960	1 CITY-ST-ZIP	MIRAMAR FLA. 33023
2 TYPE	☐ DELETE	2 TITLE	S/D ☒ Change ☐ Addition
2 NAME		2 NAME	TEJON ARAMIS R.
2 STREET ADDRESS		2 STREET ADDRESS	2607 S.W. 177 AVE
2 CITY-ST-ZIP		2 CITY-ST-ZIP	MIRAMAR FLA. 33029
3 TYPE	☐ DELETE	3 TITLE	☐ Change ☐ Addition
3 NAME		3 NAME	
3 STREET ADDRESS		3 STREET ADDRESS	
3 CITY-ST-ZIP		3 CITY-ST-ZIP	
4 TYPE	☐ DELETE	4 TITLE	☐ Change ☐ Addition
4 NAME		4 NAME	
4 STREET ADDRESS		4 STREET ADDRESS	
4 CITY-ST-ZIP		4 CITY-ST-ZIP	
5 TYPE	☐ DELETE	5 TITLE	☐ Change ☐ Addition
5 NAME		5 NAME	
5 STREET ADDRESS		5 STREET ADDRESS	
5 CITY-ST-ZIP		5 CITY-ST-ZIP	
6 TYPE	☐ DELETE	6 TITLE	☐ Change ☐ Addition
6 NAME		6 NAME	
6 STREET ADDRESS		6 STREET ADDRESS	
6 CITY-ST-ZIP		6 CITY-ST-ZIP	

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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] ARAMIS R. TEJON 2-1-96 (305) 826-9520
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #