SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.) FLORIDA DEPARTMENT OF STATE **PROFIT** CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1996 DOCUMENT # P94000053830 (3) KING TRUCK EXPO. INC. Principal Place of Business Mailing Address 1006 NW 1ST COURT 1006 NW 1ST COURT HALLANDALE FL 33009 HALLANDALE FL 33009 3a. Date of Last Report 3. Date Incorporated or Qualified 05/01/1995 07/18/1994 Applied For 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Not Applicable 65-0507993 26 21 \$8.75 Additional Suite, Apt. #, etc. Certificate of Status Desired Suite, Apt. #, etc. Fee Required 22 **\$5.00** May Be Election Campaign Financing City & State City & State Added to Fees Trust Fund Contribution 28 23 8. This corporation has liability for intangible tax under s 199 03? Country Country Ζιρ Yes 🔀 No Florida Statutes 30 25 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name WERBA, JACOBO Street Address (P.O. Box Number is Not Acceptable) 20103 NE 2ND PLACE NORTH MIAMI BEACH FL 33179 83 85 Zip Code City 84 11. Pursuant to the provisions of Sections 607.0502 and 607.1508. Florida Statutes, the above-hamed 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. (NOTE fle gistered Agent signature required when reinstating) SIGNATURE Signature, typed or printed nan elof registered agent and title if applicable (36/8)ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. OFFICERS AND DIRECTORS 12. DELETE s a Tuli F TITLE CR2E034 1.2 NAME WERBA, JACOBO NAME 1.3 STREE! ADDRESS 633 N.E. 167TH ST., SUITE 715 STREET ADDRESS 1 4 CITY - ST - ZIF NORTH MIAMI BEACH FL 33162 CITY-ST-ZIP Change Addition DELETE 2.1 THILE TITLE MAME 2 3 STREET ADDRESS STREET ADDRESS 2 4 CITY - ST- ZIP Change Addition CITY - ST - ZIP DELETE 31 TITLE TITLE 3 2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3 4 CITY - \$1 - ZIP [] Change [] Addition CITY-ST-7IP DELETE 4 I TITLE TITLE 4 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4 4 CITY - ST - ZIP Change Addition CITY - ST - ZIP DELETE 5 t TITLE TITLE 52 NAME NAME 53 STREET ADDRESS STREET ADDRESS 5.4 CitY - ST - ZIP Change Addition CITY-ST-ZIP DELETE 61 THE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 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)(k). Florida Statutes I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my's gnature 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE: \_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Dayane Press #