

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

FILED
May 27 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # PA50000017356 1. Corporation Name National Forklift, Corp
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Principal Place of Business 9551 NW 79th Hialeah, Gardens, FL	Main Address
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 4105 East 10th Lane State Apt #, etc 22 City & State 23 Hialeah, FL 33013 Zip 24 33013	2a. Mailing Address 25 State Apt #, etc 26 City & State 27 Zip 28 County 29 County
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3. Date Incorporated or Qualified 3-2-95	4. FEI Number 65-0867472	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 owes or has paid the current year's 1997 Personal Property Tax due June 30 ☒ Yes ☐ No		

9. Name and Address of Current Registered Agent Juan Hernandez 1495 West 31st Hialeah, FL 33012

10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is first Address) 83 84 City, State, Zip FL 85
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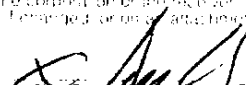
11. By signing this report, the undersigned, who is an officer or director of the corporation, certifies that the information furnished is true and correct and that the undersigned is authorized to execute this report as required by Chapter 607, Florida Statutes, and that the undersigned is not a director or officer of the corporation.

SIGNATURE OF OFFICER OR DIRECTOR: _____

12. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY, STATE, ZIP	☐ DELETE D/P/T Juan Hernandez 1495 West 31st Hialeah, FL 33012
TITLE NAME STREET ADDRESS CITY, STATE, ZIP	☐ DELETE
TITLE NAME STREET ADDRESS CITY, STATE, ZIP	☐ DELETE
TITLE NAME STREET ADDRESS CITY, STATE, ZIP	☐ DELETE
TITLE NAME STREET ADDRESS CITY, STATE, ZIP	☐ DELETE
TITLE NAME STREET ADDRESS CITY, STATE, ZIP	☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 1, 12	
1. TITLE 2. NAME 3. STREET ADDRESS 4. CITY, STATE, ZIP	☐ Change ☐ Addition
5. TITLE 6. NAME 7. STREET ADDRESS 8. CITY, STATE, ZIP	☐ Change ☐ Addition
9. TITLE 10. NAME 11. STREET ADDRESS 12. CITY, STATE, ZIP	☐ Change ☐ Addition
13. TITLE 14. NAME 15. STREET ADDRESS 16. CITY, STATE, ZIP	☐ Change ☐ Addition
17. TITLE 18. NAME 19. STREET ADDRESS 20. CITY, STATE, ZIP	☐ Change ☐ Addition

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 supplementary annual report is true and accurate and that my signature shall have the same legal effect as if made under oath. I am an officer or director of the corporation and I am authorized to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13. I am not a director or officer of the corporation.

SIGNATURE:  **4-29-98 (305) 826-9000**

CR2E034 (10/97)