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

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000086594 (5)

INTERNATIONAL TRUCKING REPAIR INC.

FILED May 27 1998 8:00am Secretary of State



Principal Place of Purinces								
Principal Place of Business Mailing Address 9833 NW 115 WAY 9833 NW 115 WAY								
MEDLEY FL 33178			MEDLEY FL 33178			DO NOT WRITE IN TH	DO NOT WRITE IN THIS SPACE	
]						3. Date Incorporated or Qualified		
]						11/13/1995		
2. Principal Place of Business			2a. Mailing Address			4. FE! Number	Applied For	
21			26			65-0618977	Not Applicable	
	Suite, Apt	V, etc.	Suite, Apt. #, etc.				\$8.75 Additional	
22			27		5. Certificate of Status Desired	Fee Required		
	City & State		City & State		6. Election Campaign Financing	\$5.00 May Be		
23			28			Trust Fund Contribution	Added to Fees	
	Z ip	Country	Zip	Zip Country		8. This corporation owes or has paid the		
24		25	29	30		Personal Property Tax due June 30.	Yes No	
		9. Name and Address of Curre				10. Name and Address of New Register	ed Agent	
	GAI	rcia, jesus		8	Name			
8851 NW 119 STREET #2217 MIAMI FL 33016				B	Stroot A	ridrags (P.O. Boy Number is Not Assessable)		
			,	B.	SIFBBL AC	ddress (P.O. Box Number is Not Acceptable)		
				83	3	· · · · · · · · · · · · · · · · · · ·		
				_				
				84	City		85 Zip Code	
11.	Pursuant to	o the provisions of Sections 607.05	02 and 607.1508. Florida Statute	es, the abo	/e-named ci			
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.								
SIG	NATURE 2	Signature, typed or printed name of registered a	(NOTE	- Dogistared A	ioni rionativa to	quired when reinstating) DAT		
12.		······································	ND DIRECTORS	13.	John eighanore re	ADDITIONS/CHANGES TO OFFICERS /		
TITU		PTD	DELETE	1.1 TITLE	1	, , , , , , , , , , , , , , , , , , , ,	☐ Change ☐ Addition	
NAM		GARCIA, JESUS		1.2 NAME	1			
	ET ADDRESS	8851 NW 119 STREET			T ADDRESS			
	-ST-ZIP	\$8450 FL 00040						
TITLE		VSD	DELETE	2.1 TITLE	51-21r		Change Addition	
NAM	1	GARCIA, RITA			i		Ci cuando Ci vadition	
				2.2 NAME				
	l i			23 STREET ADDRESS				
_	Y-ST-ZIP MIAMI FL 33016		DELETE	2. 4 CITY - ST - ZIP				
TITLE				3.1 TITLE			☐ Change ☐ Addition	
NAM	1			3.2 NAME				
	ET ADORESS			1	T ADDRESS			
	-ST-ZIP		The etc	3.4. CITY	ST-ZIP			
TITLE			L_) DELETE	4.1 TITLE	1		Change Addition	
NAM	E			4. 2 NAME				
STRE	ET ADDRESS			4.3 STREE	1 Address			
CITY	-ST-ZIP			4.4 CITY-	ST-ZIP			
TITLE			☐ DELETE	5.1 TITLE	T		Change Addition	
NAM	E			5.2 NAME				
STRE	ET ADDRESS			5.3 STREE	T ADDRESS			
CITY	- ST - ZIP			5.4 CITY-	S1 - ZIP			
TITLE			☐ DELETE	6.1 TITLE			☐ Change ☐ Addition	
NAM	E			6.2 NAME	ľ	2000025382 -05/28/9801015	N/N S29	
STRE	ET ADDRESS				T ADDRESS	-05/28/9801015	020 / ` 	
	·ST-ZIP			6.4 CITY-		***150.00	1 1/4	

Thereby 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 by the application and director.