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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

**FILED** 

Jun 04 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P9600008538 (6)

**GENERAL PULL CORPORATION** 

Principal Place of Business Mailing Address							a yoonidaa iyo (biilk biili) bolii baliik bo	RE DONNE DON	(840) BUIED HILD	1 IDIH 1001	
145 NW 33RD MIAMI FL 3312		P.O. BOX 35 North Miami FL 3320	P.O. BOX 35 NORTH MIAMI FL 33261								
							3. Date Incorporated or Qualified 01/24/1996	<b>3a.</b> D	ate of Last R	eport	
_	lace of Business	2a. Mailing Address	<del> </del>				4. FEI Number		h	oplied For	
Sulte, Apt.	# 010	26 Suite Ant # etc	Suite, Apt. #, etc.				65-0754384		F	ot Applicable	
22	π, Qtc.	27 Suite, Apr. #, etc.				}	5. Certificate of Status Desired		\$8.75 A		
City & State		City & State	<u> </u>				6. Election Campaign Financing		\$5.00	May Be	
23		28	<del></del>				Trust Fund Contribution		Added t	to Fees	
Zip	Country	Zip	<b>-</b>				8. This corporation has liability for			. 199.032,	
24	25 9. Name and Address of Currer	29 nt Registered Agent	30				Florida Statutes  10. Name and Address of New R		¥ No Agent		
LIC I	IA, JOSE A JR			81	Name		10.	giutoreu	- Igoni		
	NE 139TH ST			82	Circol	Addess	o (C) O. Doy Number to Mot Appoint	biol			
	ITH MIAMI FL 33161			02	Street	Address	s (P.O. Box Number is Not Accepta	ые)			
				83							
			ŀ	84	City				<b>85</b> Zip (	Code	
44 5	10-11-007-016	007 4600 50 11 00						FL			
office or re	to the provisions of Sections 607.050 egistered agent, or both, in the State	e of Florida. Such change w	as authorized	l by	the corp	d corpora rporation	ation submits this statement for the i's board of directors. I hereby acce	purpose o pt the app	i changing it pointment as	s registered registered	
agent. I a	m familiar with, and accept the oblig	ations of, Section 607.0505	, Florida Stat	utes						I	
SIGNATURE	Signature, typed or printed name of registered age	ent and title if applicable	NOTE: Registered	Ager	ni signaturo	6 required v	when reinstating)	DATE			
12.		ND DIRECTORS	13.		····		ADDITIONS/CHANGES TO OFF		DIRECTOR	1S IN 12	
TITLE		☐ DELFIE	1.1 111	l€		Vice	e- President		Change	Addition	
NAME			1.2 NA	ME			e A. Mezia Sr.			İ	
STREET ADORESS					ADDRESS	145	NW 33 ST.				
CITY-ST-ZIP		DUETE	1401		· 716'	Mi	ami, FL-33127		Chacas	- Artidition	
TITLE NAME		☐ DELETE		21 TITLE S		Rose	Marganon		Change	Addition	
STREET ADDRESS					ADDRESS	641	NE 139 ST.				
CITY-ST-ZIP			2.3.31			nosi	th Miami, FL 33161				
TITLE		DELETE	3.1 TIT		,	<del>                                     </del>			☐ Change	7100	
NAME			3.2 NA	ME						1	
STREET ADDRESS			3 3 \$1	REET	ADDRESS	1					
CITY-ST-ZIP			3.4 CI		T-7IP	ļ			<del>_</del>		
TITLE		☐ DELETE	4 1 117			1			Change	Addition	
NAME DYDEST ADDRESS			4 2 N/		IDDDCCO						
STREET ADDRESS CITY-ST-ZIP			4.3 ST		ADUKESS						
TITLE		DELETE	5.1 111		*20	<del> </del>			Change	Addition	
NAME			5.2 NA						_ •		
STREET ADDRESS					ADDRESS						
CITY-ST-ZIP			5.4 CI	Y-S1	- 719						
TITLE		DELETE	6 1 TIT	LE					Change	Addition	
NAME			62 NA								
STREET ADDRESS			63\$1	REET	ADDRESS						

14. I do hereby certily 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 eath, 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

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