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

PROFIT CORPORATION ANNUAL REPORT

1**9**98



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name P96000008538 (6)

GENERAL PULL CORPORATION

nclpal Place of Business	Mailing Address
145 NW 33RD ST	P.O. BOX 35
MIAMI FL 33127	NORTH MIAMI FL 3326

FILED May 19 1998 8:00am Secretary of State

1. 100 100 200 802 8057



DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 01/24/1996 2. Principal Place of Business Mailing Address 4. FEI Number Applied For 21 26 65-0754384 Not Applicable Suite, Apt. #, etc Suite, Apl. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution Added to Fees 28 Zip Country Country 8. This corporation owes or has paid the current year Intangible 24 29 30 Personal Property Tax due June 30. 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 MEJIA, JOSE A JR 641 NE 139TH ST Street Address (P.O. Box Number is Not Acceptable) 82 **NORTH MIAMI FL 33161** 83 84 City 85 Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508. Florida Statules, 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, typed or printed name of registered agent and line if applicable (NOTE Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. Addition TITLE DELETE 1.1 TITLE Change MEGIA, JOSE A SR. Mejia, Jose A.Sr. NAME 1.2 NAME 145 N.W. 33 ST STREET ADDRESS 1.3 STREET ADDRESS MIAMI FL 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Addition Change TITLE 2.1 TITLE Marganon, Rosa NAME 2.2 NAME 641 N.E. 139 ST 23 STREET ADDRESS STREET ADDRESS North Miami Fl CITY-ST-ZIP 2. 4 CITY - ST - ZIP DELETE Change Addition TITLE 3.1 TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY - ST - ZIP

14. 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 13 if change I, or on an attraction and officer or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if change I, or on an attraction and officer or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if change II. or on an attraction and officer or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if change II. or on an attraction and officer or trustee empowered to execute this report as required by Chapter 607, Florida Statutes.