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Jun 11 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT P96000044190 (2)

1. Corporation Name
TRUCK AND HEAVY EQUIPMENT REPAIR INC.

Principal Place of Business
1460 SOUTH EAST 22ND AVENUE
POMPANO BEACH, FLORIDA 33062

Mailing Address
1460 SOUTH EAST 22ND AVENUE
POMPANO BEACH, FLORIDA 33062

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
MAY 17TH 1996

2. Principal Place of Business
21 511 EAST MCNABB ROAD

Suite, Apt. #, etc.
22

City & State
23 POMPANO BEACH FLORIDA

Zip
24 33060-9323

Country
25 U.S.A.

2a. Mailing Address
26 511 EAST MCNABB ROAD

Suite, Apt. #, etc.
27

City & State
28 POMPANO BEACH FLORIDA

Zip
29 33060-9323

Country
30 U.S.A.

4. FEI Number
65-0677428

☐ 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 Intangible Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

ANTHONY C. CHIAVETTA
1460 SOUTH EAST 22ND AVENUE
POMPANO BEACH, FLORIDA 33062

10. Name and Address of New Registered Agent

91 Name CHRISTOPHER MUSCATO NINOS C.P.A.
92 Street Address (P.O. Box Number is Not Acceptable) 5100 WEST COPANS ROAD
93 SUITE #100
94 City MARGATE FL 95 Zip Code 33063

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.

SIGNATURE [signature] CHRISTOPHER MUSCATO NINOS C.P.A. DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP ANTHONY C. CHIAVETTA 1460 SOUTH EAST 22ND AVENUE POMPANO BEACH, FLORIDA 33062 ☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☐ Change ☐ Addition 511 EAST MCNABB ROAD POMPANO BEACH, FLORIDA 33060-9323
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

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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 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, or on an attachment with an address.

SIGNATURE: [signature] 5-7-98 (954)946-3186
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Telephone Number

ANTHONY C. CHIAVETTA PRESIDENT