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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000055968 (6)

JANTOGAL TRUCK, INC.

Principal Place of Business

The Property of the

Mailing Address

FILED Apr 13 1998 8:00am Secretary of State



TRE N.W. LEJEUNE RD.: STE. 429(A) 702 N.W. LEJEUNE RD.: OTE. 420(A) WIAMI PL-00120 MIAMI FL 00126 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 06/24/1997 2. Principal Place of Business 4. FEI Number Applied For 40TH LD. 65.0768491 13490 SW 5800 SW 21 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be MIAMI MIAMI Trust Fund Contribution Added to Fees 23 8. This corporation owes or has paid the current year Intagefule 25 Miami DADE 29 **シシノフィ** 30 Mismi Mo ☐ Yes **▼**No Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name GALVEZ, JULIO 702 N.W. LEJEUNE RD., STE. 429(A) 82 MIAMI FL 00126 83 Zip Code 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, typed or printed name of registered agent and lide if applicable 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Change Addition TITLE 11 TITLE GALVEZ, JULIO A NAME 12 NAME CR2E034 700 N.W. LEJEUNE RD., STE. 429(A) STREET ADDRESS 1.3 STREET ADDRESS MIAMI FL-03126 CITY - ST - ZIP 1.4 CITY-ST-ZIP DELETE Addition TITLE 2.1 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP TITLE DELETE 4.1 TITLE Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Addition Change TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP CITY - ST - ZIP DELETE 6.1 TITLE Change Addition NAME 6.2 NAME STREET ADDRESS 63 STREET ADDRESS 6.4 CITY-ST-ZIP CITY-ST-ZIP

14. Thereby certify that the information supplied with this filling 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:

JULIO A. GALVER

201-226-9476