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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1998

DOCUMENT # P97000057972 (6)

MOBILE LIFTGATE SPECIALISTS, INC.

FILED May 20 1998 8:00am Secretary of State

Principal Plac	e of Business	Mailing Address		{ 1.00515801.110.10111.18011.00111.00111.00111.00111.00111.00111.00111.00111.00111.00111.00111.00111.00111.00111.00111.001111.001111.0011111.0011111.001111.00111111	ANAN KADIO KANI KADIB ANDI KODE
8603 SW 40TH STREET MIAMI FL 33155		8603 SW 40TH STREET MIAMI FL 33155		·	
		MIN 12 02100		DO NOT WRITE IN THI	IS SPACE
				3. Date Incorporated or Qualified	
2. Principal F	Place of Business	2a. Mailing Address		07/02/1997 4. FEI Number	10 11 15
21 1410	15.4-6254	26 /4/0/ S.W.	4262	65-02/5799	Applied For
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	O.~	03 0763377	Not Applicable \$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 11/361	ni E	28 Miams P	·/.	Trust Fund Contribution	Added to Fees
Zip 33	163 25 Dade	20 33183	Country 30 Oxde	8. This corporation owes or has paid the of Personal Property Tax due June 30.	current year Intangible
	9, Name and Address of Current		30, 20	10. Name and Address of New Registers	
STEIN, GARY M 81 Name				The state of the s	<u></u>
ONE SE 2DD AVENUE SUITE 2000				(0.0 D. A)	
MIAMI FL 33131				ress (P.O. Box Number is Not Acceptable)	
	•		83		
			84 City		B5 Zip Code
44 0		1607 (100 5)		F	
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 prioted name of registered agen		Registered Agent signature requi		
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS A	
TITLE	DPS BICO JODOT D	DELETE	11 TITLE	Simas Gulianos 11018 W. 6256 16ami, Fl. 33183	Change Addition
NAME	RICO, JORGE R		1.2 NAME	erman Color	;
STREET ADDRESS	6395 SW 28TH STREET		1.3 STREET ADDRESS	10/5 (0.00)	ļ
CITY-ST-ZIP	MIAMI FL 33155 DVT	DELETE	1.4 CITY-ST-ZIP	15am, F1. 33/65	
TITLE		DELETE	2.1 11120	•	Change Addition
NAME	GUTIERREZ, GERMAN A 14101 SW 62ND STREET		2.2 NAME		
STREET ADDRESS	MIAMI FL 33183		2.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMITE 33103	DELETE	2.4 CITY - ST - ZIP	. a	Change Addition
NAME		1 LI DILLETE	3.1 TITLE		Change Addition
1	INIAL CAPAIN T	7	3.2 NAME		
STREET ADDRESS	22750		3.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	COLONI LY 20183	DELETE	3.4. CHTY-ST-ZIP 4.1 TITLE		Change Addition
NAME			4.1 IIILE 4.2 NAME		Change LI Muditott
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			1		
TITLE		DELETE	4.4 CITY-ST-ZIP 5.1 TITLE		Change Addition
NAME			5.2 NAME		E ourse E resoutett
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		}
TITLE		DELETE	6.1 THLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		
	earlify that the information emphasis with	this blust door not muslifu for	· 	Spation 110 07/3/(i) Florida Statutos I further	portify that the information

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 suppliemental 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 changed, or on an attachment with an address.

SIGNATURE:

4-20-SE /25C)5TL-662