

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

FILED
May 19, 1999 8:00 am
Secretary of State

05-19-1999 90023 002 *1,561.25

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000077103

1. Corporation Name
DQ USED TRUCK SALES, INC.

Principal Place of Business

4975 PONCE DE LEON
SUITE 302
MIAMI FL 33146
US

Mailing Address

4975 PONCE DE LEON
SUITE 302
MIAMI FL 33146
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/05/1997

4. FEI Number

65-0782048

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 the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 4675 Ponce de Leon

26 4675 Ponce de Leon

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite 302

27 Suite 302

City & State

City & State

23 Miami, FL

28 Miami, FL

Zip Country

Zip Country

24 33146 25 DADP

29 33146 30 DADP

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ALLEN, R. KEITH
4975 PONCE DE LEON
SUITE 302
MIAMI FL 33146

81 Name

R. K. Allen

82 Street Address (P.O. Box Number is Not Acceptable)

4675 Ponce de Leon Blvd.
Suite 302

83

84 City

Miami

FL

85 Zip Code

33146

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE
NAME QUEVEDO, ANTONIO
STREET ADDRESS 3754 NW 54TH STREET
CITY-ST-ZIP HIALEAH FL 33142

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE D ☐ DELETE
NAME QUEVEDO, ELOY
STREET ADDRESS 3754 NW 54TH STREET
CITY-ST-ZIP HIALEAH FL 33142

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE D ☐ DELETE
NAME DIAZ, EUGNIO
STREET ADDRESS 3454 N.W. 54 STREET
CITY-ST-ZIP HIALEAH FL 33142

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/99 305 661-2538

Daytime Phone #

CR2E034 (11/98)