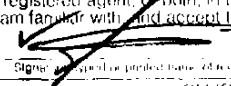
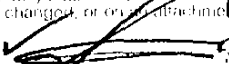


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

Jun 04 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 # 1. Corporation Name: PA70000083312			
MASTER FORKLIFT, INC.			
Principal Place of Business		Mailing Address	
8725 NW 117 St. B8 HIALEAH GARDENS, FL. 33016		DO NOT WRITE IN THIS SPACE	
2. Principal Place of Business		3. Date Incorporated or Qualified	
21 8725 NW 117 ST. B8 Street, Apt. #, etc.		26 8725 NW 117 st. Street, Apt. #, etc.	
22 City & State		27 City & State	
23 HIALEAH GARDENS, FL.		28 HIALEAH GARDENS, FL.	
24 33016		29 33016	
25		30	
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
MARIAN MARINO 14821 S.W. 62 ST MIAMI, FL 33193		81 Name: ANGEL L. GOMEZ 82 Street Address (P.O. Box Number is Not Accepted): 12332 N W 97TH CT. 83 84 City: HIALEAH GARDENS FL 85 Zip Code: 33018	
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:  DATE: _____			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: P/D ☒ DELETE NAME: MARIAN MARINO STREET ADDRESS: 14821 S.W. 62 ST, Miami FL 33193 CITY-ST-ZIP:		☒ Change ☐ Addition 11 TITLE: P/D 12 NAME: ANGEL L. GOMEZ 13 STREET ADDRESS: 12332 N W 97TH CT. 14 CITY-ST-ZIP: HIALEAH GARDENS, FL 33018 21 TITLE: VP/S/D 22 NAME: ANGELICA GOMEZ 23 STREET ADDRESS: 12332 NW 97TH CT 24 CITY-ST-ZIP: HIALEAH GARDENS, FL 33018 31 TITLE: ☐ Change ☐ Addition 32 NAME: 33 STREET ADDRESS: 34 CITY-ST-ZIP: 41 TITLE: ☐ Change ☐ Addition 42 NAME: 43 STREET ADDRESS: 44 CITY-ST-ZIP: 51 TITLE: ☐ Change ☐ Addition 52 NAME: 53 STREET ADDRESS: 54 CITY-ST-ZIP: 61 TITLE: ☐ Change ☐ Addition 62 NAME: 63 STREET ADDRESS: 64 CITY-ST-ZIP:	
TITLE: ☐ DELETE NAME: STREET ADDRESS: CITY-ST-ZIP:		700902550617 -06/08/98--01020--034 ***150.00	
14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 110.07(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:  DATE: _____ DAY OF: _____ MONTH: _____ YEAR: _____			

CR2E034 (10/97)