

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # P97000084821

1. Corporation Name
FLEET P.M. INC.

Principal Place of Business
717 PONCE DE LEON BLVD.
#310
CORAL GABLES FL 33134

Mailing Address
717 PONCE DE LEON BLVD.
#310
CORAL GABLES FL 33134

FILED
Mar 09, 1999 8:00 am
Secretary of State

03-09-1999 90019 026 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/01/1997

4. FEI Number
65-0785768

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.



No

9. Name and Address of Current Registered Agent

DUNKLEY, LINDSAY
717 PONCE DE LEON BLVD.
#310
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name
ELPIDIO A. PADILLA
82 Street Address (P.O. Box Number is Not Acceptable)
7640 SW 95 AVE
83
84 City
MIAMI
85 Zip Code
FL 33173

11. Pursuant to the provisions of Sections 607.0602 and 607.1501, 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

2/22/99

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
PD	PADILLA, ELPIDIO A.	717 PONCE DE LEON BLVD.	CORAL GABLES FL 33134	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
P	PADILLA, ELPIDIO A.	7640 SW 95 AVE	MIAMI FL 33173	<input checked="" type="checkbox"/>	<input type="checkbox"/>
V	PADILLA, MIRIAM C.	7640 SW 95 AVE	MIAMI - FL 33173	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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

2/22/99 (305) 883-2999

Date

Daytime Phone #

CR2E034 (11/98)