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

**PROFIT CORPORATION** ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

**FILED** 

Feb 23 1998 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

		# P9700 MOTIVE SUPPLY		93938 (3)	)					
Principal Plac	e of Busines	is	M	lailing Address			A COMPANDAL AND IMPACE SOMET MARKE COTTEN MARKET	00 (III)   UIUU	IIIO IEII IOO	
8824 NW 151 TERRACE 8824 NW 151 TERRACE										
MIAMI FL 33018 MIAMI FL 33018										
							DO NOT WRITE IN THIS S	SPACE	<del></del>	
							3. Date Incorporated or Qualified			
2, Principal P	Place of Busin	nace	20	. Mailing Address			11/03/1997 4. FEI Number		nnlind For	
<del>_</del> , '			-	26			65-0800 247	-	pplied For ot Applicable	
<del></del>			Suite, Apt. #, etc.	<del></del>				Additional		
22			27	27			5. Certificate of Status Desired	<b>.</b>	equired	
City & State				City & State			6. Election Campaign Financing	\$5.00	May Be	
23				28			Trust Fund Contribution			
Zip		Country		Zip	Country	y	8. This corporation owes or has paid the cur	rent year In	tangible	
24		25	29		30				□ No	
		and Address of Curr	ent Regis	itered Agent	81	Mome	10. Name and Address of New Registered	Agent		
	RNANDEZ				01	Name				
8824 NW 151 TERRACE					82	Street Add	ress (P.O. Box Number is Not Acceptable)			
Mi	AMI FL 330	118			83	<del> </del>	· · · · · · · · · · · · · · · · · · ·			
					03					
					84	City	FL	<b>85</b> Zip	Code	
office or r	egistered ad	ions of Sections 607.09 pent, or both, in the Sta ith, and accept the obl	te of Flori	da. Such change was	authorized by	v the corporal	poration submits this statement for the purpose of tion's board of directors. I hereby accept the app	changing i ointment as	its registered registered	
SIGNATURE	Signature, typed	or printed name of registered a	goent and title	il applicable. (NO	TE: Registered Ag	ent signature regul	red when reinstating) DATE	<del></del>	·	
12.		OFFICERS A			13.		ADDITIONS/CHANGES TO OFFICERS AND	DIRECTOR	RS IN 12	
TITLE	PSD			☐ DELETE	1.1 TITLE			Change	Addition	
NAME	1	ndez, jesus			1.2 NAME					
STREET ADDRESS 8824 NW 151 TERRACE					1.3 STREET	T ADDRESS				
CITY-ST-ZIP		FL 33018			1.4 C/TY-5	ST-ZIP				
TITLE	VTO			☐ DELETÉ	21 TITLE			Change	Addition .	
NAME		NDEZ, ANDRES			2.2 NAME					
STREET ADDRESS		W 151 TERRACE			2.3 STREET	ADDRES\$				
CITY-ST-ZIP	MIAMI	EL 33018			2. 4 CITY-	ST-ZIP		_		
TITLE				☐ DELETE	3.1 TITLE			Change	Addition	
NAME					3.2 NAME					
STREET ADDRESS					3.3 STREET	ADDRESS				
CITY-ST-ZIP				☐ DELETE	3.4. CITY-	ST-ZIP		Change	Addition	
TITLE				☐ pereie	4.1 TITLE			L Change	Mudition	
NAME :					4. 2 NAME					
STREET ADDRESS					4.3 STREET	ADDRESS				
CITY-ST-ZIP										
				☐ DELETE	4.4 CITY - 9	ST-ZIP		Change	noitibh	
TITLE				☐ DELETE	5.1 TITLE	ST-ZIP		☐ Change	Addition	
TITLE NAME				DELETE	5.1 TITLE 5.2 NAME			☐ Change	Addition	
TITLE NAME STREET ADORESS	<u>.</u>			☐ DELETE	5.1 TITLE 5.2 NAME 5.3 STREET	ADDRESS		☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP					5.1 TITLE 5.2 NAME 5.3 STREET 5.4 CITY-S	ADDRESS		_		
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	•			☐ DELETE	5.1 TITLE 5.2 NAME 5.3 STREET 5.4 CITY-S 6.1 TITLE	ADDRESS		☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	•				5.1 TITLE 5.2 NAME 5.3 STREET 5.4 CITY-S	ADDRESS ST-ZIP		_		

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 empreced 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 algorithm of the corporation of the corpo