

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

FILED
Mar 01, 1999 8:00 am
Secretary of State

03-01-1999 90012 013 ***150.00

0232002

DOCUMENT # P98000016002

1. Corporation Name
AUTOS, TRUCKS & EQUIPMENT, INC.

Principal Place of Business
14001 SW OLD CUTLER
MIAMI FL 33158

Mailing Address
14001 SW OLD CUTLER
MIAMI FL 33158

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
02/18/1998

4. FEI Number
65-0813816
Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing ☐ \$5.00 May Be
Trust Fund Contribution 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 10775 S.W. 188 St.

26 14001 OLD CUTLER RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 # 4

27

City & State

City & State

23 MIAMI, FL

28 MIAMI, FL

Zip Country

Zip Country

24 33157 25 MIAMI-DADE

29 33158 30 MIAMI-DADE

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BARGER, VIVIAN
14001 SW OLD CUTLER
MIAMI FL 33158

81 Name

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

14001 OLD CUTLER RD

83

84 City MIAMI

FL

85 Zip Code 33158

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 Vivian Barger, VIVIAN BARGER, Sec/Treasurer 1/27/99

(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 BARGER, VIVIAN
STREET ADDRESS 14001 SW OLD CUTLER
CITY-ST-ZIP MIAMI FL 33158

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME
1.3 STREET ADDRESS 14001 OLD CUTLER RD
1.4 CITY-ST-ZIP MIAMI FL 33158

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-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 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: Vivian Barger
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/27/99 305-233-9213
Date Daytime Phone #

CR2E034 (11/98)