

**PROFIT  
CORPORATION  
ANNUAL REPORT  
1999**


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

**FILED**  
**May 17, 1999 8:00 am**  
**Secretary of State**

05-17-1999 90060 043 \*\*\*150.00

DOCUMENT # *P9800002644*

1. Corporation Name

*MIAMI TRUCK & CARS Corp* ✓

Principal Place of Business

Mailing Address

*10495 NW 27 Ave Unit B*    *10495 NW 27 Ave Unit B*  
*Miami FL 33147*    *Miami FL 33147*

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

*MARCH 20, 1998*

2. Principal Place of Business

2a. Mailing Address

21 *4100 NW 135 St.*26 *4100 NW 135 St.*

4. FEI Number

*65-0827019*

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 *#2A*27 *#2A*

5. Certificate of Status Desired

☐**\$8.75 Additional  
Fee Required**

City &amp; State

City &amp; State

23 *Opalocka FL*28 *Opalocka FL*

6. Election Campaign Financing

☐**\$5.00 May Be  
Added to Fees**

Zip

Country

Zip

Country

24 *33074*

25

29 *33074*

30

8. This corporation owes the current year Intangible  
Personal Property Tax.☐ Yes☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

*David Pozo*  
*2190 W 60th Street NO 208*  
*Hialeah Florida 33016*

81 Name *David Pozo*

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

*2190 W 60th Street Apt. 16208*

83

84 City *Hialeah*

FL

85 Zip Code *33016*

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 *X*

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE *4/20/99*

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE *PD* ☐ DELETE

NAME *David Pozo*  
STREET ADDRESS *2170 W 60th Street NO 16104*  
CITY-ST-ZIP *Hialeah FL 33016*

TITLE *VP* ☐ DELETE

NAME *Nirga Pozo*  
STREET ADDRESS *2170 W 60th Street NO 16104*  
CITY-ST-ZIP *Hialeah FL 33016*

TITLE *S&T* ☐ DELETE

NAME *David Pozo*  
STREET ADDRESS *2190 W 60th Street NO 208*  
CITY-ST-ZIP *Hialeah FL 33016*

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

1.1 TITLE

☐ Change☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

☐ Change☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

☒ Change☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

☐ Change☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

☐ Change☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 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: *X*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Secretary*

Date

Daytime Phone #