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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P98000043251

JIDSO FORKLIFT, CORP.

Principal	Place	of	Business

Mailing Address

FILED Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90210 017 ***150.00



2925 W 80 STF HIALEAH GARD		2925 W 80 STREET STE 117 HIALEAH GARDENS FL 33016				WRITE IN THIS	SPACE	
					3. Date Incorporated or Qua 05/13/1998	llifed		Į
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number		Ai	pplied For
21		26			65-08353	.71	N	ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desire	ed 🗆		Additional
22	·	[27]			3. Certificate of Otalica Desire	<u> </u>	Fee R	equired
City & State	е	City & State			6. Election Campaign Finance	cing _		May Be
Ž3		28			Trust Fund Contribution			to Fees
Zip	Country	Zip	_ Coun	ntry	8. This corporation owes the	current year inta		
24	25	29 30	0	·	Personal Property Tax.	-	Yes Yes	
	9. Name and Address of Current	Registered Agent		81 Name	10. Name and Address of N	lew Registered /	agent	
BUD	PRIGUEZ, OSVALDO			81 Name				. }
	W 80 STREET STE 117		Ţ.	82 Street Add	dress (P.O. Box Number is Not Ac	ceptable)		
	EAH GARDENS FL 33016		1					
1 11/36	EAN GAIDENS IE SOUN		[83				. [
			ŀ.	84 City			85 Zip	Code
						F <u>L</u>	لــــ	
11. Pursuant	to the provisions of Sections 607.0502 egistered agent, or both, in the State of	and 607.1508, Florida Statutes,	, the ab	ove-named cor	poration submits this statement for	or the purpose of o	changing its stment as re	; registered (
office or n	egistered agent, or bour, in the otate or	i i lorida, oddii dhango was ada	1011200	of the perborat	active board of an ootore. Thereby a	accopi ale opposi		,3
office or n agent. I a	m familiar with, and accept the obligation	ons of, Section 607.0505, Florid	la Statu	ites.				
agent. I a	m familiar with, and accept the obligation	ons of, Section 607.0505, Florid	la Statui	ites.				_ [
agent. I a	m familiar with, and accept the obligation	and title if applicable. (NOTE: Ro	egistered A	ITES. Agent signature requir		DATE		
agent. I a	m familiar with, and accept the obligation Signature, typed or printed name of registered agent a OFFICERS AND	ons of, Section 607.0505, Florid and title if applicable. (NOTE: Re	la Statui		red when reinstating) ADDITIONS/CHANGES TO			
agent. I a	Signature, typed or printed name of registered agent a OFFICERS AND	and title if applicable. (NOTE: Ro	egistered A	Agent signature requi			D DIRECTO	ORS IN 12
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r nereoy certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutas, 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.

Daytime Phone #