

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 25, 1999 8:00 am
Secretary of State

03-25-1999 90015 014 ***150.00

DOCUMENT # **P98000057341**

1. Corporation Name
LEO'S TRUCK INC.



Principal Place of Business

555 N.E. 34TH ST.
SUITE 2102
MIAMI FL 33137

Mailing Address

555 N.E. 34TH ST.
SUITE 2102
MIAMI FL 33137

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 **16711 Collins Avenue**

Suite, Apt. #, etc.

22 **Apt #1003**

City & State

23 **NORTH MIAMI Beach, FLA**

Zip

24 **33160**

Country

25 **DADE**

2a. Mailing Address

26 **16711 Collins Avenue**

Suite, Apt. #, etc.

27 **Apt #1003**

City & State

28 **NORTH MIAMI Beach, FL**

Zip

29 **33160**

Country

30 **DADE**

3. Date Incorporated or Qualified

06/26/1998

4. FEI Number

65-0846179

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible

Personal Property Tax.

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

BOHORQUEZ, INGRID S
555 N.E. 34TH ST.
SUITE 2102
MIAMI FL 33137

10. Name and Address of New Registered Agent

81 Name

BOHORQUEZ, Ingrid

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

16711 COLLINS AVENUE, Apt 1003

83

84 City

North Miami Beach FL

85 Zip Code

33160

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

2/25/99

12. OFFICERS AND DIRECTORS

TITLE **PD** ☐ DELETE

NAME **GONZALEZ, LEONEL**

STREET ADDRESS **555 N.E. 34TH ST.**

CITY-ST-ZIP **MIAMI FL 33137**

TITLE **VD** ☐ DELETE

NAME **BOHONQUEZ, INGRID**

STREET ADDRESS **555 N.E. 34TH ST.**

CITY-ST-ZIP **MIAMI FL 33137**

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY-ST-ZIP ☐ DELETE

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY-ST-ZIP ☐ DELETE

TITLE ☐ DELETE

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STREET ADDRESS ☐ DELETE

CITY-ST-ZIP ☐ DELETE

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **PD** ☒ Change ☐ Addition

1.2 NAME **GONZALEZ, LEONEL**

1.3 STREET ADDRESS **16711 COLLINS AVENUE, Apt 1003**

1.4 CITY-ST-ZIP **NORTH MIAMI Beach, FL 33160**

2.1 TITLE **VD** ☒ Change ☐ Addition

2.2 NAME **BOHONQUEZ, INGRID**

2.3 STREET ADDRESS **16711 COLLINS AVENUE, Apt 1003**

2.4 CITY-ST-ZIP **NORTH MIAMI Beach, FL 33160**

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME ☐ Change ☐ Addition

3.3 STREET ADDRESS ☐ Change ☐ Addition

3.4 CITY-ST-ZIP ☐ Change ☐ Addition

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME ☐ Change ☐ Addition

4.3 STREET ADDRESS ☐ Change ☐ Addition

4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME ☐ Change ☐ Addition

5.3 STREET ADDRESS ☐ Change ☐ Addition

5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME ☐ Change ☐ Addition

6.3 STREET ADDRESS ☐ Change ☐ Addition

6.4 CITY-ST-ZIP ☐ Change ☐ Addition

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: **Leonel Gonzalez**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/24/99

305-948-3445

Date

Daytime Phone #

CR2E034 (11/98)

0201684