

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)**

**FILED**

**Sep 19 1997 8:00am  
Secretary of State**

<b>PROFIT CORPORATION ANNUAL REPORT 1997</b>		<b>FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS</b>
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**DOCUMENT # V19096 (9)**  
1. Corporation Name  
**E. C. FORKLIFTS TRUCK INC.**



Principal Place of Business <b>6935 WEST 3 AVE HIALEAH FL 33014 US</b>	Mailing Address <b>6935 W. 3RD AVENUE HIALEAH FL 33014 US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>7100 West 12 Lane</b>	2a. Mailing Address 26 <b>SAME IN Block 2</b>
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 <b>Hialeah</b>	City & State 28
Zip 24 <b>FL</b>	Country 25 <b>33014</b>
Country 29	Zip 30

3. Date Incorporated or Qualified <b>03/04/1992</b>	3a. Date of Last Report <b>04/22/1996</b>
4. FEI Number <b>65-0353982</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent  
**CONDE, VICTOR MANUEL  
6935 WEST 3 AVE.  
HIALEAH FL 33014**

10. Name and Address of New Registered Agent

81 Name <b>Conde, Victor Manuel</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>7100 West 12 Lane</b>
83
84 City <b>Hialeah</b>
85 Zip Code <b>FL 33014</b>

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE <b>PT</b>	<input type="checkbox"/> DELETE
NAME <b>CONDE, VICTOR MANUEL</b>	
STREET ADDRESS <b>6935 WEST 3 AVE.</b>	
CITY-ST-ZIP <b>HIALEAH FL 33014</b>	
TITLE <b>VS</b>	<input type="checkbox"/> DELETE
NAME <b>CONDE, EHLIANA J.</b>	
STREET ADDRESS <b>6935 WEST 3 AVE.</b>	
CITY-ST-ZIP <b>HIALEAH FL 33014</b>	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE <b>PT</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME <b>Conde, Victor Manuel</b>	
1.3 STREET ADDRESS <b>7100 West 12 Lane</b>	
1.4 CITY-ST-ZIP <b>Hialeah, FL. 33014</b>	
2.1 TITLE <b>VS</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME <b>Conde, Ehliana J.</b>	
2.3 STREET ADDRESS <b>7100 West 12 Lane</b>	
2.4 CITY-ST-ZIP <b>Hialeah, FL. 33014</b>	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE \_\_\_\_\_ (605) 826-0198

CR2E034 (4/97)