

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Miriam
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **V56206**

(8)

1. Corporation Name

SOUTHERN TRUCKS & PARTS, INC.



Principal Place of Business

**C/O MONTENEGRO
2127 BRICKELL AVE #3102
MIAMI FL 33129
US**

Mailing Address

**2127 BRICKELL AVE
#3102
MIAMI FL 33129
US**

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

**MONTENEGRO, ALFREDO
2127 BRICKELL AVE
#3102
MIAMI FL 33129**

81. Name

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

83

84. City

FL

85. Zip Code

11. Pursuant to the provisions of Sections 617.0502 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, thereby adopting the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0503, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE	D	☐ DELETE
NAME	MONTENEGRO, ALFREDO	
STREET ADDRESS	2127 BRICKELL AVE #3102	
CITY, ST, ZIP	MIAMI FL	
TITLE	D	☐ DELETE
NAME	MONTENEGRO, MIRIAM	
STREET ADDRESS	2127 BRICKELL AVE #3102	
CITY, ST, ZIP	MIAMI FL	
TITLE	D	☐ DELETE
NAME	MONTENEGRO, JOSE	
STREET ADDRESS	2127 BRICKELL AVE #3102	
CITY, ST, ZIP	MIAMI FL	
TITLE	D	☐ DELETE
NAME	MONTENEGRO, SANDRA	
STREET ADDRESS	2127 BRICKELL AVE #3102	
CITY, ST, ZIP	MIAMI FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	☐ Change ☐ Addition
2. NAME	
3. STREET ADDRESS	
4. CITY, ST, ZIP	☐ Change ☐ Addition
5. TITLE	
6. NAME	
7. STREET ADDRESS	
8. CITY, ST, ZIP	☐ Change ☐ Addition
9. TITLE	
10. NAME	
11. STREET ADDRESS	
12. CITY, ST, ZIP	☐ Change ☐ Addition
13. TITLE	
14. NAME	
15. STREET ADDRESS	
16. CITY, ST, ZIP	☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is true and correct. I am not qualified for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information filed on this annual report is true and correct 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 officer 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 from an attachment with an asterisk.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jose Montenegro

3/15/96

305-857-0566

CR2E034 (12/95)