

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **V69391** (3)

1. Corporation Name
COUNTY LINE MOVING & STORAGE, INC.



Principal Place of Business
**3200 NW 119TH ST.
MIAMI FL 33167**

Mailing Address
**3200 NW 119TH ST.
MIAMI FL 33167**

3. Date Incorporated or Qualified 10/07/1992	3a. Date of Last Report 10/13/1995
4. FEI Number 65-0359481	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country
25. Country	30. Country

9. Name and Address of Current Registered Agent

**ROJAS, MANUEL E.
3200 NW 119TH ST.
MIAMI FL 33167**

10. Name and Address of New Registered Agent

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83. City
84. City
85. Zip Code

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 the corporation

Signature typed or printed name of registered agent and the corporation

DATE

12. OFFICERS AND DIRECTORS	
TITLE	☐ DELETE
NAME	D ROJAS, MANUEL E.
STREET ADDRESS	6767 COLLINS AVE #1108
CITY-STATE-ZIP	MIAMI-BOH FL 33141
TITLE	☐ DELETE
NAME	D ROJAS, LIBIA B.
STREET ADDRESS	6767 COLLINS AVE #1108
CITY-STATE-ZIP	MIAMI-BOH FL 33141
TITLE	☐ DELETE
NAME	DIRECTOR
STREET ADDRESS	MANUEL J. ROJAS
CITY-STATE-ZIP	10174 SW 21 TERR
	MIAMI, FL 33165
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. TITLE	☒ Change ☐ Addition
12. NAME	8877 Collins Ave #1103
13. STREET ADDRESS	Sunrise FL 33154
14. CITY-STATE-ZIP	33154
2. TITLE	☒ Change ☐ Addition
22. NAME	8877 Collins Ave #1103
23. STREET ADDRESS	Sunrise FL 33154
24. CITY-STATE-ZIP	33154
3. TITLE	☐ Change ☐ Addition
32. NAME	
33. STREET ADDRESS	
34. CITY-STATE-ZIP	
4. TITLE	☐ Change ☐ Addition
42. NAME	
43. STREET ADDRESS	
44. CITY-STATE-ZIP	
5. TITLE	☐ Change ☐ Addition
52. NAME	
53. STREET ADDRESS	
54. CITY-STATE-ZIP	
6. TITLE	☐ Change ☐ Addition
62. NAME	
63. STREET ADDRESS	
64. CITY-STATE-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 or Block 14, or on an amendment without an address.

SIGNATURE:

(Signature)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
MANUEL E. ROJAS

4/26/96 **(305) 681-0000**
DATE
Telephone Number

CR2E034 (12/95)