

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

Mar 06 1998 8:00am  
Secretary of State

|  |   |   |
|--|---|---|
| PROFIT<br>CORPORATION<br>ANNUAL REPORT<br>1998 |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|--|---|---|

DOCUMENT # **V71527** (8)

1. Corporation Name

**ALLIED TRUCK & EQUIPMENT SALES, INC.**

Principal Place of Business

**7750 NW 52ND ST  
MIAMI FL 33166**

Mailing Address

**7750 NW 52ND ST  
MIAMI FL 33166**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**10/15/1992**

4. FEI Number

**65-0368933**

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

9. Name and Address of Current Registered Agent

**FREEMAN, PAUL H  
4408 DATRAN CENTER  
0400 DADELAND BLVD.  
MIAMI FL 33156**

10. Name and Address of New Registered Agent

81 Name

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

**1001 BRICKER BAY DRIVE**

83

**BTE 1200**

84

City

**MIAMI**

FL

85

Zip Code

**33131**

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

12. OFFICERS AND DIRECTORS

TITLE

P

NAME

**HOROWITZ, HAROLD,  
4901 SARAZAN DRIVE  
HOLLYWOOD FL 33021**

STREET ADDRESS

CITY-ST-ZIP

TITLE

VST

NAME

**MARTINEZ, NELSON  
18454 NW 9TH COURT  
PEMBROKE PINES FL**

STREET ADDRESS

CITY-ST-ZIP

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