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

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000059955 (2)

GLOBAL TRUCKING SERVICES, INC.

## FILED May 19 1998 8:00am Secretary of State

Principal Place of Business Mailing Address MIAMI INTERNATIONAL AIRPORT P.O. BOX 998737 MIAMI FL 33159 MIAMI FL 33299 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 08/15/1994 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For P.O. BOX 998737 65-0551644 Not Applicable Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be MIAMI <del>MIANTI</del> Trust Fund Contribution Added to Fees Country Country 8. This corporation owes or has paid the current year Intangible Yes Personal Property Tax due June 30. 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 GONZALEZ, JUAN JR. Name 501 SWAN AVE. 82 Street Address (P.O. Box Number is Not Acceptable) MIAMI SPRINGS FL 33166 83 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, type-Lor printed name of registered agert and title dispplicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change **Addition** 11 TOLE TITLE JUAN GONZALEZ JR **GONZALEZ, ALICIA** NAME 1.2 NAME SOI SWAW AVE 501 SWAN AVE STREET ADDRESS 1.3 STREET ADDRESS MIAMI SPRINGS FL CITY-ST-ZIP 1.4 CITY-ST-ZIP MIAM SPRINGFL 33166 DELETE Change Addition TITLE 2 1 TITLE **CACHINERO**. ANGEL 2.2 NAME 6463 SW 128 CT STREET ADDRESS 2.3 STREET ADDRESS MIAMI FL CITY-ST-ZIP 2. 4 CITY-ST-21P ■ DELETE Change Addition 3.1 TITLE CACHINERO, ANGEL C NAME 3.2 NAME 5621 SW 69TH AVE. STREET ADDRESS 3.3 STREET ADDRESS MIAMI FL CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE ABREV, SERGIO NAME 4. 2 NAME 11395 SW 109 RD UNIT X STREET ADDRESS 4.3 STREET ADDRESS MIAMI FL CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Addition Change TITLE 5.1 TITLE CASTRO, CARLOS NAME 5.2 NAME 13028 SW 88 TERRACE SOUTH STREET ADDRESS 5.3 STREET ADDRESS MIAMI FL CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition 61 TITLE TITLE NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP

14. Thereby 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 13 if changed, or or an attachment with an address.

SIGNATURE: Con C 911 C

4/20/94