

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

FILED
Apr 28 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000072172 (5)

1. Corporation Name
A.C.G. TRUCKING, INC.

Principal Place of Business 5201 BLUE LAGOON DR 650 MIAMI FL 33126 US	Mailing Address 5201 BLUE LAGOON DR 650 MIAMI FL 33126 US
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DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified
08/29/1996

4. FEI Number
65-0697864

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

9. Name and Address of Current Registered Agent

ARAZOZA, COMAS, DE TORRES ETAL
101 MADEIRA AVE
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

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 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	PD	<input type="checkbox"/> DELETE
NAME	CUSCO, EDUARDO	
STREET ADDRESS	101 MADEIRA AVE	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	SOTOLONGO, RAUL	
STREET ADDRESS	101 MADEIRA AVE	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	CUSCO, JORGE	
STREET ADDRESS	101 MADEIRA AVE	
CITY-ST-ZIP	CORAL GABLES FL	
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	PTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Cusco, Eduardo	
1.3 STREET ADDRESS	9390 NW 109th Street	
1.4 CITY-ST-ZIP	Medley, Florida 33178-1225	
2.1 TITLE	VPSD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Sotolongo, Raul	
2.3 STREET ADDRESS	9390 NW 109th Street	
2.4 CITY-ST-ZIP	Medley, Florida 33178-1225	
3.1 TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Smith, Raul	
3.3 STREET ADDRESS	9390 NW 109th Street	
3.4 CITY-ST-ZIP	Medley, Florida 33178-1225	
4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Hermida, Carlos	
4.3 STREET ADDRESS	9390 NW 109th Street	
4.4 CITY-ST-ZIP	Medley, Florida 33178-1225	
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 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 my attachment with an address.

SIGNATURE: _____

4/17/98

CR2E034 (10/97)