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 # S20671

(1)

FILED Apr 24 1998 8:00am Secretary of State

	TRUCKING, INC.				
		Mailing Address			
8421 NW 70 ST Miami FL 33166 US		8421 NW 70 ST Miami FL 33166 US		DO NOT WRITE IN THIS	SPACE
				3. Date Incorporated or Qualified 11/27/1990	
2. Principal Place of Business		2a. Mailing Address		4. FEI Number	Applied For
21		26		65-0240634	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			\$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the cu	
24	25	29	30	· _ · _ · _ · _ · _ · _ · _ · _ ·	Yes No
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent					Agent
/// pho-hard, austin/b/esq// **				Post MACHADO	
//sume 696//////				dress (P.O. Box Number is not Acceptable)	
/wildn/ fl/33613//			83		
		NED 4/1/98		hiami FL	85 33766
11. Pursuant office or r agent. La	to the provisions of Sections 607.05 registered agent, or both, in the Statum familiar wife, and account the obli	502 and 607.1508, Florida Statut te of Florida Such change was a gations of, Section 607.0505, Flo	les, the above-named col authorized by the corpora orida Statutes.	rporation submits this statement for the purpose of ation's board of directors. I hereby accept the app	of changing its registered pointment as registered
SIGNATURE	Signature, talk of primary and of registered a		E: Reg-stered Agent signature requ	4/21/	70
12.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND	D DIRECTORS IN 12
TITLE	D	DELETE	11 THLE		Change Addition
NAME	MACHADO, ROSY		1.2 NAME		
STREET ADDRESS	250 E. 45 ST.		1.3 STREET ADDRESS		
CITY-ST-ZIP	HIALEAH FL		1.4 City - St - ZiP		
TITLE		DELETE	2.1 TITLE		Change Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP			2. 4 CITY - S1 - ZIP		1
TITLE		DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME		- —
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-Z#P			3.4. CITY - ST - 2IP		

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 chaptert, or enjoy attachment with an address.

4.1 TITLE

51 TITLE

52 NAME

6.1 TITLE

6.2 NAME

4. 2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY - ST - ZIP

DELETE

DELETE

DELETE

SIGNATURE: / FOA A

TITLE

NAME

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

PRESIDENT 4/21/98 (305) 471-099

Change

Change

Change

☐ Addition

Addition

Addition