

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

FILED

**Jul 31 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 323940 (7)

1. Corporation Name
HEAVY TRUCK SERVICE, INC.



Principal Place of Business 6000 N W 77TH COURT MIAMI FL 33186	Mailing Address 6000 N W 77TH COURT MIAMI FL 33166-3511
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3. Date Incorporated or Qualified 12/05/1967	3a. Date of Last Report 01/30/1996
4. FEI Number 59-1209904	Applied For Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> 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 Country	28. Zip Country
24. Zip	29. Zip
25. Country	30. Country

9. Name and Address of Current Registered Agent

**LOSADA, JORGE
6000 N.W. 77 COURT
MIAMI FL 33186**

10. Name and Address of New Registered Agent

81. Name LOSADA, JORGE	
82. Street Address (P.O. Box Number is Not Acceptable) 2820 SW 100 Ave	
83. City Miami, Fla.	
84. City	85. Zip Code FL

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	LOSADA, JORGE	
STREET ADDRESS	6000 NW 77TH CT	
CITY-ST-ZIP	MIAMI, FL 00000	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	PEREZ, RAFAEL	
STREET ADDRESS	6000 NW 77TH CT	
CITY-ST-ZIP	MIAMI, FL 00000	
TITLE	VT	<input checked="" type="checkbox"/> DELETE
NAME	GARCES, ROBERTO	
STREET ADDRESS	1655 W 44TH PL #430	
CITY-ST-ZIP	HIALEAH, FL 00000	
TITLE	VS	<input checked="" type="checkbox"/> DELETE
NAME	SUAREZ, CELIA	
STREET ADDRESS	4071 SW 97TH PL	
CITY-ST-ZIP	MIAMI FL	
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	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS	2820 SW 100 Ave	
1.4 CITY-ST-ZIP	Miami, Fla.	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	Vice president/ Treasure	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Manuel Losada	
5.3 STREET ADDRESS	2820 Sw 100Ave Miami, F	
5.4 CITY-ST-ZIP		
6.1 TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Carmen Amorin	
6.3 STREET ADDRESS	2820 SW 100 Ave Miami F	
6.4 CITY-ST-ZIP		

14. I do 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 an attachment with an address.

CR2E034 (9/96)