

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
 AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT CORPORATION
 ANNUAL REPORT
 1996



FLORIDA DEPARTMENT OF STATE
 Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 693935 (9)
 1. Corporation Name

RESTA TRUCKING, INC.

Principal Place of Business

Mailing Address

2030 SW 22ND AVENUE
 FT LAUDERDALE FL 33312

2390 SW 28 TERR
 FT. LAUD FL 33312
 US



2. Principal Place of Business
 21 2390 SW 28th Terr.
 22 Suite, Apt #, etc.
 23 Ft. Lauderdale FL
 24 Zip 33312 25 Country USA

2a. Mailing Address
 26
 27 Suite, Apt #, etc.
 28 City & State
 29 Zip
 30 Country

3. Date Incorporated or Qualified 07/10/1981
 3a. Date of Last Report 05/01/1995
 4. FEI Number 59-2102212
 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 has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

RESTA, MICHAEL
 2030 SW 22ND AVENUE
 FT LAUDERDALE, FL
 33312

10. Name and Address of New Registered Agent

81 Name Resta, Michael
 82 Street Address (P.O. Box Number is Not Acceptable) 2390 SW 28th Terr.
 83
 84 City Ft. Lauderdale, FL FL 85 33312

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	PS	<input type="checkbox"/> DELETE
NAME	RESTA, MICHAEL	
STREET ADDRESS	2030 SW 22ND AVENUE	
CITY - ST - ZIP	FT LAUDERDALE, FL 00000	
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		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	RESTA, MICHAEL	
1.3 STREET ADDRESS	2390 SW 28th Terr.	
1.4 CITY - ST - ZIP	Ft. Lauderdale, FL 33312	
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		<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		

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 ***225.00

CR2E034 (3/96)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 2 or Block 3 or changed, or on an attachment with an address.

SIGNATURE: *Michael Resta* Michael Resta President 7/01/96 954 792 2371
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR