

* FILE NOW. FILING FEE AFTER MAY 1 IS \$225.00 *

AMENDMENT.-

CORPORATION
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

AMENDMENT.-

1. Corporation Name
TAPANES & SONS TRUCKING SERVICES, INC

DOCUMENT #
697818

Mailing Address
**11554 NW 88 Ave
Hialeah Gardens,
Fl., 33016**

Principal Place of Business

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
August 1981

3a. Date of Last Report

4. FEI Number
59-2109818

Applied For
☐ Not Applicable

5. Certificate of Status Desired
\$8.75 Additional Fee Required ☐

6. Election Campaign Financing Trust
Candidate ☐

\$5.00 May Be
Added to Fees

7. Nonprofit Exempt from \$138.75
Supplemental Fee ☐

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☒ No

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. Mailing Address
21 **same**

2a. Principal Place of Business
26 **same**

Suite, Apt #, etc.
22

Suite, Apt #, etc.
27

City & State
23

City & State
28

Zip
24

Country
25

Zip
29

Country
30

9. Name and Address of Current Registered Agent

**Eusebio Tarradell
4840 NW 184 Terr
Miami, Fl 33055**

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 or Sections 617.0502 and 617.1508, 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 or 617.0503, Florida Statutes.

SIGNATURE

DATE

(Registered Agent Accepting Appointment) (NOTE: Registered Agent's signature required when re-registering)

12. OFFICERS AND DIRECTORS

11 TITLE ☒ **President/Director**

12 NAME **ARMANDO TAPANES, SR**

13 STREET ADDRESS **11554 NW 88 Ave**

14 CITY-ST-ZIP **Hialeah Gardens, Fl 33016**

21 TITLE ☒ **Vice-President/Director**

22 NAME **ARMANDO TAPANES, Jr.**

23 STREET ADDRESS **11554 NW 88 Ave**

24 CITY-ST-ZIP **Hialeah Gardens, Fl 33016**

31 TITLE ☒ **Secretary/Director**

32 NAME **RAFAEL L ALVAREZ**

33 STREET ADDRESS **11554 NW 88 Ave**

34 CITY-ST-ZIP **Hialeah Gardens, Fl 33016**

41 TITLE **Treasurer/Director**

42 NAME **JORGE A BORGES**

43 STREET ADDRESS **11554 NW 88 Ave**

44 CITY-ST-ZIP **Hialeah Gardens, Fl 33016**

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

13. CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE **President/Director**

12 NAME **Mrs. ALINA BORGES**

13 STREET ADDRESS **11554 NW 88 Ave**

14 CITY-ST-ZIP **Hialeah Gardens, Fl 33016**

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE

42 NAME

43 STREET ADDRESS **700001778287**

44 CITY-ST-ZIP **-04/12/96--01038--033**

51 TITLE *****61.25**

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

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 release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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 have fulfilled all obligations concerning unclaimed property imposed by Chapter 717, Florida Statutes; 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 or Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/1/96
Date

557-7523
Daytime Phone #