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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

1999

DOCUMENT # F50124

ATLANTIC TRUCKING & WAREHOUSING INC.

Principal Place of Business 3051 NW 129TH STREET Mailing Address

SOST NW 129TH STREET

PALOCKA FL 33054 . OPREOGRA FL 33054 —			DO NOT WRITE IN THIS SPACE			
1			3. Date Incorporated or Qualifed 10/19/1981			
Principal Place of Business	2a. Mailing Address 26 P. O. Box 6	81270	4. FEI Number 59-2176070	Applied For Not Applicable		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 Additional Fee Required		
City & State	City & State 28 MIAMI F	-L	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees		
Zip Country 25	Zip 29 33168 30	US A	This corporation owes the current year I Personal Property Tax.	ntangible ☐ Yes ☐ No		
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent			
VEGA, JOSE F 3051 NW 129TH STREET			ess (P.O. Box Number is Not Acceptable)			
OPALOCKA FL 33054		83				

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	(1)(1)	E: Registered Agent signature requ	ired when reinstating) DATE				
12.	Signature, typed or printed name of registered agent and title if applicable. (NOT OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12				
		1.1 TITLE	ABBITION OF THE PARTY OF THE PA	Change	Addition		
TITLE	, <u>-</u>]		
NAME	VEGA, JOSE	1.2 NAME			}		
STREET ADDRESS	3051 NW 129TH STREET	1.3 STREET ADDRESS	•	,	-		
СЛY-ST-ZIP	OPALOCKA FL 33054	1.4 CITY-ST-ZIP					
TITLE	DELETE	2.1 TITLE		☐ Change	Addition		
NAME		2.2 NAME	·				
STREET ADDRESS	and the state of t	2.3 STREET ADDRESS	et in the second				
CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·	2. 4 CITY-ST-ZIP					
TITLE	☐ DELETE	3.1 TITLE		Change	☐ Addition		
NAME		3.2 NAME					
STREET ADDRESS		3.3 STREET ADDRESS	,				
CITY-ST-ZIP		3.4. CITY-ST-ZIP					
TITLE	☐ DELETE	4.1 TITLE		Change	☐ Addition		
NAME	• •	4. 2 NAME	•	:			
STREET ADDRESS		4.3 STREET ADDRESS					
CITY-ST-ZIP	•	4.4 CITY-ST-ZIP			{		
TITLE	☐ DELETE	5.1 TITLE	•	☐ Change	Addition Addition		
NAME		5.2 NAME		•	Í		
STREET ADDRESS		5.3 STREET ADDRESS		•	}		
CITY-ST-ZIP.		5.4 CITY-ST-ZIP	·				
TITLE	☐ DELETE	6.1 TITLE		☐ Change	Addition		
NAME		6.2 NAME					
STREET ADDRESS		6.3 STREET ADDRESS					
CITY, ST. 7IP		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 chapted, or on an attachment with an address, with all other like empowered.

SIGNATURE:

UNE AND TYPED OR PRIDER MAND OF SIGNING OFFICER OR DIRECTOR

-17-99 305-685-1970 Date Daytime Phone # CR2E03

Zip Code

85