

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

FILED
Feb 25 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F93000003486 (8)**
1. Corporation Name
G & T TRUCKING INC.

Principal Place of Business
**2011 EIGHTH STREET
NORTH BERGEN NJ 07047**

Mailing Address
**2011 EIGHTH STREET
NORTH BERGEN NJ 07047**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 07/30/1993	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 22-3243683	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
THE PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYS STREET SUITE 105 TALLAHASSEE FL 32301		81	Name
		82	Street Address (P.O. Box Number is Not Acceptable)
		83	
		84	City
		85	Zip Code

11. Pursuant to the provisions of Sections 607.050(2) 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 _____ DATE _____
(Signature typed or printed name of registered agent and title, if applicable) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PO	1.1 TITLE	VTB
NAME	GONZALEZ, ARMANDO	1.2 NAME	PENA, JUAN CARLOS
STREET ADDRESS	256 WOODWARD AVENUE	1.3 STREET ADDRESS	102 DOCKSIDE CIRCLE
CITY-ST-ZIP	RUTHERFORD NJ 07070	1.4 CITY-ST-ZIP	WESTON, FLORIDA 32227
TITLE	WTD	2.1 TITLE	
NAME	WHITCRAFT, EDWARD T	2.2 NAME	
STREET ADDRESS	SMUGGLERS COVE #9	2.3 STREET ADDRESS	
CITY-ST-ZIP	LLOYD HARBOR NY	2.4 CITY-ST-ZIP	
TITLE	S	3.1 TITLE	
NAME	GONZALEZ, CYNTHIA	3.2 NAME	
STREET ADDRESS	256 WOODWARD AVENUE	3.3 STREET ADDRESS	
CITY-ST-ZIP	RUTHERFORD NJ 07070	3.4 CITY-ST-ZIP	
TITLE	V	4.1 TITLE	
NAME	TAPANES, GUSTAVO	4.2 NAME	
STREET ADDRESS	2899 COLLINS AVENUE APT. #629	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH FL	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 changed, or on an attachment with an address.

SIGNATURE: _____ DATE: **2/10/98** (05)545-0044

CR2E034 (10/97)