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

**PROFIT CORPORATION** ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

**DOCUMENT** #

(5)

ALCAZAR'S TRUCK SERVICE CORP.

**FILED** Mar 25 1998 8:00am Secretary of State



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Principal Place of Business Mailing Address						7 10071011 04170 1/7001 70191 11001 1/7001 07101 07101 07101 07101 07101 07101 07101 07101 07101 07101 07101 0			OH DIRIFIMAL	
C/O ENEIDA ALCAZAR 2000 W. 3 AVENUE HIALEAH FL 33010		C/O ENEIDA ALCAZA 2800 W. 3 AVENUE HIALEAH FL 33010				DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified				
						03/07/1983				
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number		TAD	plied For	
21		26	<u>-</u>			59-2259635	Not Applicable			
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				-	¬ \$8	.75 /	Additional	
22		27	·]			5. Certificate of Status Desired	<u> </u>	Fee Re	quired	
City & State	0	City & State	City & State			6. Election Campaign Financing	\$	5.00	May Be	
23		28				Trust Fund Contribution	]	dded t	o Fees	
Zip	Country	Zip	—,	Country		8. This corporation owes or has paid to	<b>-</b>	_	,	
24	25 29 30 30 9, Name and Address of Current Registered Agent					Personal Property Tax due June 30. Yes No.				
		ent Registered Agent		81 N	ame	10. Name and Address of New Hegis	егео Адел			
ALCAZAR, ENEIDA										
2600 W. 3 AVENUE				82 Street Address (P.O. Box Number is Not Acceptable)						
п	IALEAH FL 33010			83						
				<b>84</b> Ci	ty		FL 65	Zip (	Code	
11. Pursuant	to the previsions of Sections 607.0	502 and 607.1508. Florida State	ules, the at	ove-na	med corpor	ration submits this statement for the purp	ose of char	laina it	s registered	
office or r	egistered agent, or both, in the Stam familiar with, and accept the ob	ate of Florida. Such change was	authorized	d by the	corporation	n's board of directors. I hereby accept the	e appointm	ent as	registered	
[	in lamiliar with, and accept the ob	ilgations of, Section 1007:0505, F	ionua stat	ulca.					i	
SIGNATURE.	Signature, lyped or printed name of registered	Apont and the if applicable (NC	TE: Registered	Agent sig	nature required	when reinstating)	DATE			
12.	OFFICERS A	AND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICER			S IN 12	
TITLE	VP	☐ DELETE	1.1 181	LE				hange	Addition	
NAME	ALCAZAR, CARLOS E.		1.2 NA	ME						
STREET ADDRESS	520 W. 35 PLACE		1.3 \$7	REET ADDI	RESS					
CITY-ST-ZIP	HIALEAH FL			ry - ST - ZIF	<u>'                                    </u>					
TITLE	P	☐ DELETE	2.1 TIT	LE				hange	L_J Addition	
NAME	ALCAZAR, ENEIDA		2.2 NA	2.2 NAME						
STREET ADDRESS	520 W. 35 PLACE			.3 STREET ADDRESS						
CITY-ST-ZIP	HIALEAH FL	T process		TY-ST-ZI					T14330	
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NAME			3.2 NA						ł	
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NAME		L DELETE	5.1 III					-mugo	L Recollon	
STREET ADDRESS				ime Reet addi	ocee					
ľ				Y-ST-ZIP	- 1				}	
CITY-ST-ZIP TITLE		DELETE	61 TH			Carl Carlo		hange	Addition	
NAME		C) WELL	62 NA				_,			
STREET ADORESS				.me Reet addi	arec					
CITY-ST-ZIP				NEET AUUT TY-ST-ZIF	- 1					
	partity that the information europies	with this filing does not qualify				action 119 07/3Vi) Florida Statutes   furt	her certify t	nat the	information	

oping with missining does not quality for the exemption stated in Section 119.07(3)(I). Florida Statutes, I further certify that the information between 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 the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in indicated on this annual repor

**SIGNATURE:**