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

PROFIT CORPORATION ANNUAL REPORT

1997

NAME

STREET ADDRESS



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # K32512

SUN FLORIDA TRUCKING, CORP.

(1)

FILED Apr 16 1997 8:00am Secretary of State

% ANGEL FAG	RAL HWY #40	Mailing Address % ANGEL FAGUNDO 2215 S FEDERAL HWY #40 FT LAUDERDALE FL 33316-3			
				3. Date Incorporated or Qualified 08/29/1988	3a. Date of Last Report 04/17/1996
2. Principal P	Place of Business	2a. Mailing Address 26		4. Fet Number 65-0072333	Applied For Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Stat	е	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Ζ(ρ 24	Country 25	Zip 3	Country	8. This corporation has liability for in Florida Statutes	ntangible tax under s. 199.032, Yes No
	9. Name and Address of Curren	t Registered Agent		10. Name and Address of New Reg	istered Agent
FAG	RUNDO, ANGEL		81 Name		
				Address (P.S. Box Number is Not Acceptab 2/5 Sov RH FEDERAL	e) Hwy \$ 40
			83		
<u> </u>	,		B4 City	T LAUDELANG	FL 85 700 Code \$33/6
office or agent. I a	registered agent, or both, in the State im familiar with, and accept the obliga	of Florida, Such change was aut utions of, Section 607,0505, Florid	lhorized by the corp da Statutes.	corporation submits this statement for the proporation's board of directors. I hereby acception to the proporation of the prop	urpose of changing its registered the appointment as registered OATE
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFIC	
TITLE	PTS	DELETE	1.1 TITLE	0/4/0	Change
NAME	FAGUNDO, ANGEL		1.2 NAME	FAGUNDO ANGEL 2215 SOUTH FEOGRAM FT LANDENDAGE F	
STREET ADDRESS	2922 NW 22 AVE		1.3 STREET ADDRESS	33 15 SOUTH FEOGRA	they #40
CITY-ST-ZIP	MIAMI FL		1.4 CITY - ST - ZIP	FT LAUDENOACE F	Z 33316
TITLE		☐ DELETE	2.1 7 IT LE		Change Addition
NAME			2.2 NAME		
STREET ADDRESS			23 STREET ADDRESS		
CITY-ST-ZIP			2.4 CITY-ST-ZIP		
TITLE		DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREFT ADDRESS		
CITY-ST-ZIP			3.4. C(1Y - ST - Z(P		
TITLE		☐ DELFTE	4.1 TITLE		Change Addition
NAME			4.2 NAME		
STREET ADDRESS		i	4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 C(1Y - ST - Z(P		
TITLE		☐ DELETE	5.1 YOLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP	'		5.4 CITY - ST - ZIP		
TITLE		DELETE	6.1 71TLE		Change Addition

6.2 NAME

14. I do 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 applicas.