FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR -8 PM 2:47

DOCUMENT # **K61235** **(3)**

1. Corporation Name
TJC TRUCKING, INC.

Principal Place of Business	Mailing Address
6250 W 21ST CT 150 W FLAGLER ST, SUITE 2200-AGD HIALEAH FL 33016 US	6250 W 21ST CT 150 W FLAGLER ST, SUITE 2200-AGD HIELAEH FL 33016 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 01/26/1989
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business	2a. Mailing Address
21 6250 W. 21st Court	26 6250 W. 21st Ct.
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Hialeah, Florida	City & State 28 Hialeah, Florida
Zip / Country 24 33016 / 25 U.S.A.	Zip / Country 29 33016 / 30 U.S.A.

4. FEI Number: 65-0100828 ☐ Applied For ☐ Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
DURAN, ALFREDO G 2665 SO BAYSHORE DR STE - 1100 MIAMI FL 33133	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, 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	D	1.1 TITLE	Pres/Sec/Treas./Dir.	☒ Change ☐ Addition
NAME	GONZALEZ, JOSE M.	1.2 NAME	JOSE M. GONZALEZ	
STREET ADDRESS	3590 SW 123 CT	1.3 STREET ADDRESS	9421 S.W. 88th Terrace	
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	Miami, Florida 33176	
TITLE	D	2.1 TITLE		☐ Change ☐ Addition
NAME	FONTE, JOSE MIGUEL	2.2 NAME		
STREET ADDRESS	4601 W 7TH LANE	2.3 STREET ADDRESS		
CITY-ST-ZIP	HIALEAH FL	2.4 CITY-ST-ZIP		
TITLE	D	3.1 TITLE		☐ Change ☐ Addition
NAME	COSTA, JOSE A.	3.2 NAME		
STREET ADDRESS	655 W 38TH ST	3.3 STREET ADDRESS		
CITY-ST-ZIP	HIALEAH FL	3.4 CITY-ST-ZIP		
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 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)(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 addition.

SIGNATURE: _____ 3/2/95 (305)823-7887
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
JOSE M. GONZALEZ, Pres/Sec/Treas/Dir

CR