

FILE NO. FILING FEE AMOUNT \$15 IS \$350.00.

**PROFIT  
CORPORATION  
ANNUAL REPORT  
1998**



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

AMENDMENT

APPROVED  
AND  
FILED

98 DEC 11 PM 4:54

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # K61235**  
Corporation Name

**TJC TRUCKING, INC.**

Principal Place of Business Mailing Address  
**6250 W. 21st Ct. Same**  
**Hialeah, Fl 33016**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 1/26/89	
4. FEI Number 65-0100828	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
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	

Principal Place of Business 6250 W. 21st Ct.		2a. Mailing Address 26 Same	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Hialeah, Florida		City & State	
Zip 33016	Country U.S.A.	Zip	Country

**9. Name and Address of Current Registered Agent**

**ALFREDO G. DURAN**  
**2665 So. Bayshore Dr.**  
**Suite 1100**  
**Miami, Fl 33133**

**10. Name and Address of New Registered Agent**

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	

**FL**

Pursuant to the provisions of Sections 607.0502 and 607.1506, 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**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. NAME President/Dir GILBERTO VILLASMIL 6250 W. 21st Hialeah, Fl 33016	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME Sec/Treas/Dir IVETTE TAYLOR 6250 W. 21st Ct. Hialeah, Fl 33016	<input type="checkbox"/> DELETE	1.2 NAME	500002713745
3. NAME	<input type="checkbox"/> DELETE	1.3 STREET ADDRESS	-12/15/98-01102-015
4. NAME	<input type="checkbox"/> DELETE	1.4 CITY-ST-ZIP	*****61.25 *****61.25
5. NAME	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME	<input type="checkbox"/> DELETE	2.2 NAME	
7. NAME	<input type="checkbox"/> DELETE	2.3 STREET ADDRESS	
8. NAME	<input type="checkbox"/> DELETE	2.4 CITY-ST-ZIP	
9. NAME	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME	<input type="checkbox"/> DELETE	3.2 NAME	
11. NAME	<input type="checkbox"/> DELETE	3.3 STREET ADDRESS	
12. NAME	<input type="checkbox"/> DELETE	3.4 CITY-ST-ZIP	
13. NAME	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME	<input type="checkbox"/> DELETE	4.2 NAME	
15. NAME	<input type="checkbox"/> DELETE	4.3 STREET ADDRESS	
16. NAME	<input type="checkbox"/> DELETE	4.4 CITY-ST-ZIP	
17. NAME	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
18. NAME	<input type="checkbox"/> DELETE	5.2 NAME	
19. NAME	<input type="checkbox"/> DELETE	5.3 STREET ADDRESS	
20. NAME	<input type="checkbox"/> DELETE	5.4 CITY-ST-ZIP	
21. NAME	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME	<input type="checkbox"/> DELETE	6.2 NAME	
23. NAME	<input type="checkbox"/> DELETE	6.3 STREET ADDRESS	
24. NAME	<input type="checkbox"/> DELETE	6.4 CITY-ST-ZIP	

12/15/98

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:** *Gilberto Villasmil* **GILBERTO VILLASMIL**

12/18/98 305-823-9889  
Date Daytime Phone #