


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

FILED

Jun 19 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # L23762 1. Corporation Name WILD WEST TRUCKING INC.					
Principal Place of Business 9935 S.W. 4th. STREET MIAMI FL. 33174-1854			Mailing Address 9935 S.W. 4th. STREET MIAMI FL. 33174-1854		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/17/1989	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 65-0150438	
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 has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent		
MENDEZ FRANCISCO 9935 S.W. 4th. STREET MIAMI FLORIDA 33174			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
12. OFFICERS AND DIRECTORS					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1. TITLE PST <input type="checkbox"/> DELETE			1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
2. NAME MENDEZ FRANCISCO			2.1 NAME		
3. STREET ADDRESS 9935 S.W. 4th. STREET			3.1 STREET ADDRESS		
4. CITY-ST-ZIP MIAMI FLORIDA 33174			4.1 CITY-ST-ZIP		
5. TITLE <input type="checkbox"/> DELETE			5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
6. NAME			6.1 NAME		
7. STREET ADDRESS			7.1 STREET ADDRESS		
8. CITY-ST-ZIP			8.1 CITY-ST-ZIP		
9. TITLE <input type="checkbox"/> DELETE			9.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
10. NAME			10.1 NAME		
11. STREET ADDRESS			11.1 STREET ADDRESS		
12. CITY-ST-ZIP			12.1 CITY-ST-ZIP		
13. TITLE <input type="checkbox"/> DELETE			13.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
14. NAME			14.1 NAME		
15. STREET ADDRESS			15.1 STREET ADDRESS		
16. CITY-ST-ZIP			16.1 CITY-ST-ZIP		
17. TITLE <input type="checkbox"/> DELETE			17.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
18. NAME			18.1 NAME		
19. STREET ADDRESS			19.1 STREET ADDRESS		
20. CITY-ST-ZIP			20.1 CITY-ST-ZIP		
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 changed, or on an attachment with an address					
SIGNATURE: <i>Francisco Mendez</i>			6-15-97 305 223-1723		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		

CR2E034 (9/96)

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