

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

FILED
Feb 07 1996 8:00 am
Secretary of State

DOCUMENT # **L31304**

(3)

1. Corporation Name

FIRST UNION TRUCKING, INC.



Principal Place of Business

**4611 S UNIVERSITY DR
SUITE 107
DAVIE FL 33328**

Mailing Address

**4611 S UNIVERSITY DR
SUITE 107
DAVIE FL 33328**

2. Principal Place of Business

2a. Mailing Address

21. State, Apt. #, etc.

26. State, Apt. #, etc.

22. City & State

27. City & State

23. Zip

Country

28. Zip

Country

24.

25.

29.

30.

9. Name and Address of Current Registered Agent

**OLDAK, LEON ESO
13899 BISCAYNE BLVD
SUITE 205
MIAMI FL 33181**

3. Date Incorporated or Qualified

11/20/1989

3a. Date of Last Report

08/15/1995

4. FEI Number

65-0162978

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

10. Name and Address of New Registered Agent

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 607.04(2) and 607.15(6), 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 is 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 607.04(2)(b), Florida Statutes.

SIGNATURE

Signature of the person who is to be the registered agent

Signature of the person who is to be the registered agent

Date

12. NAME

**PDV
URTECHO, RAUL
4611 S UNIVERSITY DR 107
DAVIE FL
ST**

DELETE

NAME

**URTECHO, RAUL
4611 S UNIVERSITY DR 107
DAVIE FL**

DELETE

NAME

NAME

NAME

NAME

NAME

NAME

NAME

NAME

NAME

NAME

14. I do hereby certify that the information submitted with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information included in 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 its representative 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/1/96

CR2E034 (12/95)