

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

50417-1 AM 5:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

DOCUMENT # **M49415** (6)

1. Corporation Name
ARIES TRUCKING, INC.

Principal Place of Business Mailing Address
3540 N.W. 117TH LANE 3540 N.W. 117TH LANE
SUNRISE FL 33323 SUNRISE FL 33323

| | |
|--|--|
| 3. Date Incorporated or Qualified 03/31/1987 | 3a. Date of Last Report 05/01/1994 |
| 4. FEI Number 59-2784719 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input checked="" 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 has liability for intangible tax under S. 199(3)(2), Florida Statutes. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |

| | |
|---|--|
| 2. Principal Place of Business 21. Suite Apt # etc. 22. City & State 23. Co. 24. Locality | 2a. Mailing Address 26. Suite Apt # etc. 27. City & State 28. Co. 29. Locality |
|---|--|

| | | | |
|--|--|--|--------------|
| 9. Name and Address of Current Registered Agent DEFRANGE, ANNE M 3540 NW 117TH LN SUNRISE FL 33323 | | 10. Name and Address of New Registered Agent | |
| B1. Name | | B2. Street Address (P.O. Box Number is Not Acceptable) | |
| B3. City | | B4. City | B5. Zip Code |

11. Pursuant to the provisions of Sections 607.0502 and 607.1504, 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 607.0502, Florida Statutes.

SIGNATURE: _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1995 | |
|---|---|---|---|
| 1. NAME DPVP DEFRANGE, ANNE M | 2. STREET ADDRESS 3540 NW 117TH LN SUNRISE FL | 1. NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2. NAME STD DEFRANGE, SARAH A | 2. STREET ADDRESS 3540 NW 117TH LN SUNRISE FL | 2. NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3. NAME | 3. STREET ADDRESS | 3. NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4. NAME | 4. STREET ADDRESS | 4. NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5. NAME | 5. STREET ADDRESS | 5. NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6. NAME | 6. STREET ADDRESS | 6. NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 7. NAME | 7. STREET ADDRESS | 7. NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 8. NAME | 8. STREET ADDRESS | 8. NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 199(3)(2) and (3)(3), 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 in the state that I am an officer or director of this corporation or in the location or location(s) answered to complete this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report, or as an attachment with an address.

SIGNATURE: *Anne Marie DeFrangse* **ANNE MARIE DEFRANGE** (305) 522-4363
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
APRIL 27, 1995