

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **M61134** (6)

1. Corporation Name  
**BUTO TRUCKING INC.**



Principal Place of Business: **6500 N.W. 12TH AVE SUITE 117 FT.LAUDERDALE FL 33309**  
 Mailing Address: **6500 N.W. 12TH AVE SUITE 117 FT.LAUDERDALE FL 33309**

3. Date Incorporated or Organized: **10/21/1987**  
 3a. Date of Last Report: **11/17/1995**  
 4. FEI Number: **00-0000000** *650043662*  
 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

2. Principal Place of Business: 21 State, Apt. #, etc.: 22 City & State: 23 Zip: 24 Country: 25  
 2a. Mailing Address: 26 State, Apt. #, etc.: 27 City & State: 28 Zip: 29 Country: 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**DON GONZALEZ,ESQ  
 9050 PINES BLVD  
 SUITE 450  
 PEMBROKE PINES FL 33024**

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 607.0702 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. Said 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 Registered Agent's Signature: \_\_\_\_\_

Date:

12. OFFICERS AND DIRECTORS

12.1 TITLE: <b>PS</b>	<input type="checkbox"/> DELETE
12.2 NAME: <b>ROBERT BUTO</b>	
12.3 STREET ADDRESS: <b>5726 N.E. 100 TERRACE</b>	
12.4 CITY, ST, ZIP: <b>CORAL SPRINGS FL 33076</b>	
12.5 TITLE: _____	<input type="checkbox"/> DELETE
12.6 NAME: _____	
12.7 STREET ADDRESS: _____	
12.8 CITY, ST, ZIP: _____	
12.9 TITLE: _____	<input type="checkbox"/> DELETE
12.10 NAME: _____	
12.11 STREET ADDRESS: _____	
12.12 CITY, ST, ZIP: _____	
12.13 TITLE: _____	<input type="checkbox"/> DELETE
12.14 NAME: _____	
12.15 STREET ADDRESS: _____	
12.16 CITY, ST, ZIP: _____	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1 TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.2 NAME: _____	
13.3 STREET ADDRESS: _____	
13.4 CITY, ST, ZIP: _____	
13.5 TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.6 NAME: _____	
13.7 STREET ADDRESS: _____	
13.8 CITY, ST, ZIP: _____	
13.9 TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.10 NAME: _____	
13.11 STREET ADDRESS: _____	
13.12 CITY, ST, ZIP: _____	
13.13 TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.14 NAME: _____	
13.15 STREET ADDRESS: _____	
13.16 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)(k), 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 of this filing on an attachment with an address.

SIGNATURE: *Robert A. Buto*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*11/18/96* (305)344-2980  
 Date Filed

CR2E034 (12/95)