FEE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED

95 MAY -1 PM 4:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

500001484415
-05/11/95--01081--023
****225.00 ****225.00

DO NOT WRITE IN THIS SPACE

DOCUMENT # M67500

1. Corporation Name

GEORGIA'S TRUCKING, CORP.

Principal Place of Business	Mailing Address
3095 NW 101st STREET Miami, FL 33147-1671	3095 NW 101st Street Miami, FL 33147-1671

3. Date Incorporated or Qualified: 02/04/85
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 3095 NW 101 STREET	26 3095 NW 101 STREET
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 MIAMI, FL	City & State 28 MIAMI, FL
Zip 24 33147 Country 25	Zip 29 33147 Country 30

4. FEI Number: 65-0030147 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Director Camp (optional) ☐ $5.00 May Be Added to Fees

This corporation has liability for intangible tax under S 199.032 Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

Luis M. Cuetto

10. Name and Address of New Registered Agent

91 Name: GEORGIA CUETO
92 (P.O. Box Number is Not Acceptable)
93: 3095 NW 101st Street
94 City: Miami FL 95 Zip Code: 33147

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 _____
Signature, typed or printed name of registered agent and title if applicable — NOTE: Registered Agent signature required when mandatory — DATE

TITLE	P/P	11 TITLE	☐ Change ☐ Addition
NAME	LUIS M. CUETO	12 NAME	
STREET ADDRESS	3095 NW 101 STREET	13 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33147	14 CITY-ST-ZIP	
TITLE	P/VP/S/T	21 TITLE	☐ Change ☐ Addition
NAME	GEORGIA CUETO	22 NAME	
STREET ADDRESS	3095 NW 101 STREET	23 STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33147	24 CITY-ST-ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

YES 5/10/95

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)(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: _____ 5/1/95
SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR OR OFFICER OR DIRECTOR — DATE