

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # P93000010292 (9)

1. Corporation Name

C. & L. TRUCKING, INC.

Principal Place of Business

C & L TRUCKING INC  
900 WALLACE ST  
CORAL GABLE FL 33134  
US

Mailing Address

C & L TRUCKING INC  
900 WALLACE ST  
CORAL GABLE FL 33134  
US

2. Principal Place of Business

21

Suite, Apt. #, etc.

2a. Mailing Address

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

28

Zip

24

Country

29

Country

30

9. Name and Address of Current Registered Agent

URIARTE, EUGENIO J  
900 WALLACE ST  
CORAL GABLE FL 33134

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

(Signature, typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                |                    |                                 |                    |                                                                   |
|----------------|--------------------|---------------------------------|--------------------|-------------------------------------------------------------------|
| TITLE          | DPV                | <input type="checkbox"/> DELETE | 1.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | URIARTE, EUGENIO J |                                 | 1.2 NAME           |                                                                   |
| STREET ADDRESS | 900 WALLACE ST     |                                 | 1.3 STREET ADDRESS |                                                                   |
| CITY-ST-ZIP    | MIAMI FL           |                                 | 1.4 CITY-ST-ZIP    |                                                                   |
| TITLE          | DS                 | <input type="checkbox"/> DELETE | 2.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | URIARTE, LEISHA    |                                 | 2.2 NAME           |                                                                   |
| STREET ADDRESS | 900 WALLACE ST     |                                 | 2.3 STREET ADDRESS |                                                                   |
| CITY-ST-ZIP    | MIAMI FL           |                                 | 2.4 CITY-ST-ZIP    |                                                                   |
| TITLE          |                    | <input type="checkbox"/> DELETE | 3.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |                    |                                 | 3.2 NAME           |                                                                   |
| STREET ADDRESS |                    |                                 | 3.3 STREET ADDRESS |                                                                   |
| CITY-ST-ZIP    |                    |                                 | 3.4 CITY-ST-ZIP    |                                                                   |
| TITLE          |                    | <input type="checkbox"/> DELETE | 4.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |                    |                                 | 4.2 NAME           |                                                                   |
| STREET ADDRESS |                    |                                 | 4.3 STREET ADDRESS |                                                                   |
| CITY-ST-ZIP    |                    |                                 | 4.4 CITY-ST-ZIP    |                                                                   |
| TITLE          |                    | <input type="checkbox"/> DELETE | 5.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |                    |                                 | 5.2 NAME           |                                                                   |
| STREET ADDRESS |                    |                                 | 5.3 STREET ADDRESS |                                                                   |
| CITY-ST-ZIP    |                    |                                 | 5.4 CITY-ST-ZIP    |                                                                   |
| TITLE          |                    | <input type="checkbox"/> DELETE | 6.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |                    |                                 | 6.2 NAME           |                                                                   |
| STREET ADDRESS |                    |                                 | 6.3 STREET ADDRESS |                                                                   |
| CITY-ST-ZIP    |                    |                                 | 6.4 CITY-ST-ZIP    |                                                                   |

14. I 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:

X Leisha Uriarte 4/21/98 (305) 443-8712

FILED  
May 04 1998 8:00am  
Secretary of State



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/10/1993

4. FEI Number

65-0387757

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

Fee Required

6. Election Campaign Financing

\$5.00 May Be

Added to Fees

7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

10. Name and Address of New Registered Agent

CR2E034 (10/97)