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

PROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Socretary of State

DIVISION OF CORPORATIONS

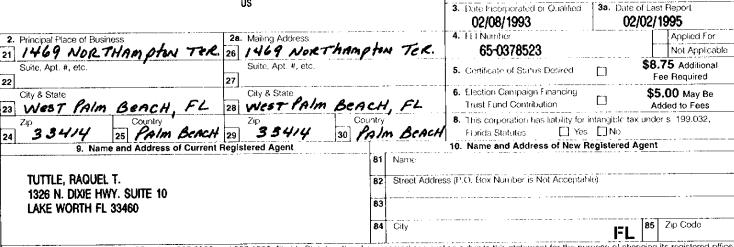
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AMARIO TRUCKING, INC.

Principal Place of Business					
227 MAPLEWOOD LANE					
GREENACRES FL 33463					

Mailing Address

227 MAPLEWOOD LANE GREENACRES FL 33463 US



11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation sub-rist 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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _	3	Hi: Bryistered Agent signature require	d vacuum aratugi (1Ad)
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1ITLE	PV\$T DELETE	1 1 UIGE	Change Addition
NAME	RODRIGUEZ, ANTONIO	1.2 NAME	
STREET ADDRESS	1469 NORTHAMPTON TERRACE	1.3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL	14 CITY - ST - ZIF	
TIFLE	DELETE	2 1 TITLE	Change Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STHEET ADDRESS	
CITY-ST-ZIP		2.4 CITY - ST - ZiP	
TITLE	☐ DELETE	3 1 TITLE	Change Addition
NAME		3 2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CHY-ST-7IP	
TOLE	☐ DELÉ1E	4. 1 T-TLE	Change Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY - ST - ZIP	
THTLE	☐ DELETE	5 1 TITLE	Change Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADORESS	
CITY - ST - ZIP		5 4 CITY - S1 - ZIF	
TITLE	☐ DELETE	6 1 HILE	Change Addition
NAME		6.2 NAME	
STREET ADDRESS		63 STHEFT ADDRESS	
CITY-ST-ZIP		64 CITY - ST - 7IP	

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)(t). 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 13 if changed, or on an attachment with an address.

SIGNATURE:

THE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/29/96 407-790-5690

CR2E034 (12/95)