FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P93000062645 (5)**

1. Corporation Name

EXPRESS HAULING, INC.

Principal Place of Business	Mailing Address
541 S.W. 122 AVE. **MIAMI FL 33184**	**541 S.W. 122 AVE.** **MIAMI FL 33184**

3. Date Incorporated or Qualified: **09/08/1993**
3a. Date of Last Report: **06/21/1995**
4. FEI Number: **65-0434506** [ ] 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	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip: 24 / County: 25	Zip: 29 / County: 30

9. Name and Address of Current Registered Agent

RODRIGUEZ, BEATRIZ M
541 S.W. 122 AVE.
MIAMI FL 33184

10. Name and Address of New Registered Agent

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 Section 607.0502 or 617.1502, Florida Statutes, this entity name change amendment is submitted for the purpose of changing its registered office or registered agent, or both, in the State of Florida. The undersigned is authorized to execute this amendment and to make the required statements. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE: **PD**	[ ] DELETE	[ ] Change [ ] Addition
NAME: **RODRIGUEZ, BEATRIZ M**		
STREET ADDRESS: **541 S.W. 122 AVE.**		
CITY-ST-ZIP: **MIAMI FL 33184**		
TITLE: **VD**	[ ] DELETE	[ ] Change [ ] Addition
NAME: **PINEDA, JESUS**		
STREET ADDRESS: **11522 N.W. 87 PLACE**		
CITY-ST-ZIP: **HIALEAH GARDENS FL 33016**		
TITLE	[ ] DELETE	[ ] Change [ ] Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	[ ] DELETE	[ ] Change [ ] Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	[ ] DELETE	[ ] Change [ ] Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	[ ] DELETE	[ ] Change [ ] Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing complies with the requirements of Section 119.07(1), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 added to the report.

SIGNATURE: X Beatriz Rodriguez Beatriz Rodriguez X 4-27-96 X (305) 554-8844
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Telephone Number

CR2E034 (12/95)