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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # P93000062645

EXPRESS HAULING, INC.

FILED Mar 17, 1999 8:00 am Secretary of State

03-17-1999 90068 032 ***150.00



Principal Place of Business Mailing Address				,		AAN DIABI DI	(BB) 0111 (BB)
541 S.W. 122 AVE. 541 S.W. 122 AVE.							
MIAMI FL 33184 MIAMI FL 33184					DO NOT WRITE IN THIS SPACE		
					DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed	<u>, E</u>	
					09/08/1993		
2 Principal Pla	ace of Business	2a. Mailing Address			4 FEI Number	Apr	lied For
21	200 d. 20011-000	26			65-0434506		Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.					\$6		dditional
27						Fee Rec	
- City & State City & State					6. Election Campaign Financing	5:001	May Be
23	28				Trust Fund Contribution	Added to	Fees
Zip	Country	Zip	Country	1	8. This corporation owes the current year Intangible		
24 25 29 30			30		Personal Property Tax.		□No
9. Name and Address of Current Registered Agent				Name	10. Name and Address of New Registered Agen	<u> </u>	
RODRIGUEZ, BEATRIZ M				ivame			
541 S.W. 122 AVE.			82	Street Add	ress (P.O. Box Number is Not Acceptable)		
MIAMI FL 33184			83				
) 03				
			84	City	FL 85	Zip C	ode
<u> </u>	the provisions of Sections 507 056	22 and 607 1509 Elected Statutos	the about	e-named com	• - 1 _	ling its r	enistered
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 an	n familiar with, and accept the obliga	ations of, Section 607.0505, Flore	da Statutes	3 .			
SIGNATURE	Signature, typed or printed name of registered age	ent and title of annilicable (NOTE: R	Registered And	nt sinnature recture	ad when reinstating) DATE		
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIF	RECTOR	RS IN 12
	PD	☐ DELETE	1.1 TITLE			hange	Addition
NAME	RODRIGUEZ, BEATRIZ M 12 N		1.2 NAME	ļ			
STREET ADDRESS	541 S.W. 122 AVE.		1.3 STREE	TADDRESS			
City+ST-ZIP	MIAMI FL 33184 1.4 CR		1.4 CITY-5	T-ZIP			
TITLE	VD	☐ DELETE 2.1 π		-		hange	☐ Addition
NAME	PINEDA, JESUS 22 NA		2.2 NAME	ļ			
1	11522 N.W. 87 PLACE		2 3 STREE	T ADDRESS			
CITY-ST-ZIP	HIALEAH GARDENS FL 33016		2.4 CITY-	ST-ZIP			
TITLE		DELETE	3.1 TITLE			Change	Addition
NAME			3.2 NAME				
STREET ADDRESS			1	TADORESS			}
CITY-ST-ZIP		□ OCLETE	3.4. CITY-1	ST-ZIP		hange	Addition
TITLE		☐ DELETE	4.1 TITLE			a.iAa	
NAME			4.2 NAME	1			
STREET ADDRESS				TADORESS			
CITY-ST-ZIP		☐ OELETE	4.4 CITY-S	T-ZIP	<u> </u>	Change	Addition
TITLE			5.1 TITLE 5.2 NAME				
NAME				T ADDRESS			
STREET ADDRESS			5.4 CITY-S				
CITY-ST-ZIP	_	DELETE	6.1 TITLE	- Or	П	Change	Addition
TITLE		☐ 0ccc16	6.2 NAME				
NAME				TADDRESS			ĺ
STREET ADDRESS			6.4 CITY-5				-
CITY-ST-ZIP			V-7 (/11 / 1	, - [- 1

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, with all other like empowered.

SIGNATURE: