FILE 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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 AUG -8 AM 4:19

DOCUMENT # **P93000075609 (6)**

1. Corporation Name
FAST CALAS TRUCKING INC.

Principal Place of Business	Mailing Address
393 53RD RD W PALM BEACH FL 33415	393 53RD RD W PALM BEACH FL 33415

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 10/25/1993
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business
21: 5262 W 24 AVE
22: Suite, Apt. #, etc.
23: City & State: HIALEAH FL
24: Zip: 33016
25: Country: OADE

2a. Mailing Address
26: 5262 W 24 AVE
27: Suite, Apt. #, etc.
28: City & State: HIALEAH FL
29: Zip: 33016
30: Country: OADE

4. FEI Number: 65-0446745 ☐ 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

9. Name and Address of Current Registered Agent

CALAS, LUIS E
393 53RD RD
W PALM BEACH FL 33415

10. Name and Address of New Registered Agent

81 Name: CALAS, LUIS E
82 Street Address (P.O. Box Number is Not Acceptable): 5262 W 24 AVE
83:
84 City: HIALEAH **FL** 85 Zip Code: 33016

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] PRES. 08/01/95
Signature, type or print 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	PD	1.1 TITLE	P/D	☒ Change ☐ Addition
NAME	CALAS, LUIS E	1.2 NAME	CALAS, LUIS E	
STREET ADDRESS	393 53RD RD	1.3 STREET ADDRESS	5262 W 24 AVE	
CITY-ST-ZIP	W PALM BEACH FL 33415	1.4 CITY-ST-ZIP	HIALEAH FL 33016	
TITLE		2.1 TITLE	V/S	☐ Change ☒ Addition
NAME		2.2 NAME	CALAS, MARGARITA GRANDA	
STREET ADDRESS		2.3 STREET ADDRESS	5262 W 24 AVE	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	HIALEAH FL 33016	
TITLE		3.1 TITLE	T	☐ Change ☒ Addition
NAME		3.2 NAME	GRANDA, ANGEL	
STREET ADDRESS		3.3 STREET ADDRESS	5262 W 24 AVE	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	HIALEAH, FL 33016	
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

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)(k), 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: [signature] 08/01/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0436080 FP