

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P93000075609 (6)

1. Corporation Name
FAST CALAS TRUCKING INC.



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

Mailing Address
393 53RD RD
W PALM BEACH FL 33415

3. Date Incorporated or Qualified 10/25/1993	3a. Date of Last Report 08/08/1995
4. FEI Number 65-0446745	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
---	--

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	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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	PD	1.1 TITLE	P/O
NAME	CALAS, LUIS E	1.2 NAME	LUIS E CALAS
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
NAME		2.2 NAME	LORENZO M CALAS
STREET ADDRESS		2.3 STREET ADDRESS	393 53RD RD DR
CITY-ST-ZIP		2.4 CITY-ST-ZIP	WEST PALM BEACH FL 33415
TITLE		3.1 TITLE	T
NAME		3.2 NAME	ANGEL GRANDA
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	S/M
NAME		4.2 NAME	MARGARITA GRANDA CALAS
STREET ADDRESS		4.3 STREET ADDRESS	5262 W 24 AVE
CITY-ST-ZIP		4.4 CITY-ST-ZIP	HIALEAH FL 33016
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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: Margarita Granda Calas SECRETARY

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-13-96

Date

305-385-3849

Daytime Phone #

CR2E034 (12/95)