

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 # **P93000076549 (3)**  
1. Corporation Name  
**SOUTH FLORIDA TRUCKING AND EQUIPMENT COMPANY**

FILED

96 MAR -1 AM 10:23

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business

16049 SW 197 AVE  
MIAMI FL 33187

Mailing Address

PO BOX 970664  
MIAMI FL 33197

3. Date Incorporated or Qualified  
11/01/1993

3a. Date of Last Report  
05/01/1995

4. FEI Number

65-0452550

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 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

29 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

~~MORENO, OSCAR  
16049 SW 197 AVE  
MIAMI FL 33187~~

81 Name

Eleuterio Moreno

82 Street Address (P.O. Box Number is Not Acceptable)

16049 SW 197 AVE

83

84 City

MIAMI

FL

85 Zip Code

33187

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 I accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

*Eleuterio Moreno*

1-18-96

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. NAME  
D MORENO, OSCAR  
2. STREET ADDRESS  
16049 SW 197 AVE  
3. CITY-STATE-ZIP  
MIAMI FL 33187

☒ DELETE

1. NAME  
D PRESIDENT  
2. STREET ADDRESS  
MORENO, ELEUTERIO  
16049 SW 197 AVE  
3. CITY-STATE-ZIP  
MIAMI FL 33187

☐ DELETE

1. NAME  
SECRETARY & TREASURER  
2. STREET ADDRESS  
MORENO ZENALDA  
16049 SW 197 AVE  
3. CITY-STATE-ZIP  
MIAMI-FLA 33187

☐ DELETE

1. NAME  
2. STREET ADDRESS  
3. CITY-STATE-ZIP

☐ DELETE

1. NAME  
2. STREET ADDRESS  
3. CITY-STATE-ZIP

☐ DELETE

1. NAME  
2. STREET ADDRESS  
3. CITY-STATE-ZIP

☐ DELETE

1. NAME  
2. STREET ADDRESS  
3. CITY-STATE-ZIP

☐ DELETE

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:

*Eleuterio Moreno*

1-18-96 305-2259320

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)