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

Mailing Address
11500 N.W. S. RIVER DR.

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE

FILED

Feb 12 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9400004777 (6)

LATAM TRUCKING CORP.

Principal Piace of Business

11500 N.W. S. RIVER DR.

SIGNATURE:

MEDLEY FL 33178 US			MEDLEY FL 33178 US				3. Date Incorporated or Qualified 01/20/1994	ied 3a. Date of Last Report 01/26/1996				
2. Principal P	Place of Busine	SS	2a. Mailing Address				4. FEI Number		Ap	ptied For		
21			26				65-0460650			t Applicable		
Suite, Apt	#, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired		\$8.75 / Fee Re			
City & Stat	te		City & State							00 May Be ed to Fees		
Zip		Country	Zip	C	ountry		8. This corporation has liability for			. 199.032,		
4	2		29	30	.,		. 101100 01010100	Yes [
	9. Name a	nd Address of Curre	nt Registered Agent		-		10. Name and Address of New R	agistered	Agent			
Cabrera, rolando a							81 Name					
11500 N.W. S. RIVER DR.						82 Street Address (P.O. Box Number is Not Acceptable)						
SUITE B												
MEDLEY FL 33178												
						Crty			85 Zip (Code		
	0							<u>FL</u>	<u>. </u>			
office or agent. I a SIGNATURE	any lamy fur yeth	n, and accept the golic	Alions of, Section 607.05 - RUMADO	505, Fiorida S 2 A- CA	BM	s. NA	orporation submits this statement for the reation's board of directors. I hereby accentioning the recent of the re	DATE	ointment as	registered		
12.	1		ID DIRECTORS	1			ADDITIONS/CHANGES TO OFF	CERS AN	D DIRECTOR	1S IN 12		
TITLE	DP		☐ DEL	ETE 1.	TITLE				Change	Addition		
NAME		, ROLANDO A		1,	2 NAME							
STREET ADDRESS		V. S. RIVER DR.		1.1	STREET	ADDRESS						
CITY-ST-ZIP	MEDLEY F			1.	4 CITY - S	ST-21P						
TITLE	VS		₩ DEL		1 TITLE				Change	Addition		
NAME	GONZALE	Z. ELENA	•	2:	2 NAME							
STREET ADORESS		34TH AVE.		2.	3 STREET	ADDRESS						
CITY-ST-ZIP	MIAMI FL	• • • • • • • • • • • • • • • • • • • •		2.	4 CITY-	ST-ZIP						
TITLE			DEL	ETE 3.	1 TITLE				Change	Addition		
NAME				3.	2 NAME	ļ						
STREET ADDRESS	:			3.	3 STREET	ADDRESS						
CITY-ST-7IP				3.	4. CITY-	ST-ZIP						
TITLE			☐ DEL	ETE 4.	1 TITLE				Change	Addition		
NAME				4.	2 NAME	1						
STREET ADDRESS				4	3 STREET	T ADDRESS						
CITY - ST - ZIF				4	4 CITY - S	ST-ZIP						
TITLE			DEL	ETE 5.	1 TITLE				Change	Addition		
NAME				5	2 NAME							
STREET ADDRESS				5	3 STREE	T ADDRESS						
CITY - S1 - 7/P				5.	4 CITY-5	ST-ZIP						
THILE			☐ DEL		1 TITLE				Change	Addition		
NAME				6	2 NAME							
STREET ADDRESS				6	3 STREE	T ADDRESS						
CITY-ST-ZIP					4 CITY-							
	eby certify that	the information suppli	ed with this filing does n		L		ated in Section 119.07(3)(i), Florida Statu	tes. furthe	er certify that	the		
informat Larn an appears	tion indicated o officer or directs in Block 12 or	in this appual report or itor of the corporation (Buck 13), changed,	supplemental annual re or the receiver or trusted or on an attachment with	port is true ar empowered an address.	d acc	urate and cute this re	ated in Section 119.07(5)(), Fabrica Statu that my signature shall have the same leg port as required by Chapter 607, Florida	Statutes;	is if made un and that my	name		