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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9400009278

1. Corporation J. D. Cl	EANING & TRANSPORTATION	ON, INC.			(: 0 (:: 1 00:110 (01:1 0 1:1 0 (1) (1	
Principal Place of Business Mailing Address					- ·	MIST MBILLO SONSO 19017 SI	1001 (01) 1001
743 W. 81ST STREET 743 W. 81ST STREET							
HIALEAH FL 33014 HIALEAH FL 33014							
					DO NOT WRITE IN T	HIS SPACE:	
					3. Date Incorporated or Qualifed 02/04/1994		
	Place of Business	= 2a,=Mailing Address	ما رکیسته در		4- FEI Number 65-0464898		lied:For
Suite Ant	26				00-0404090	\$8.75 Ad	Applicable
22	¬ ' ' ' '				5. Certifcate of Status Desired	Fee Req	
City & State City & State				6. Election Campaign Financing	\$5.00 N	/lav Be	
23	<u> </u>	28			Trust Fund Contribution	Added to	
Zip Country Zip 24 25 29 3			Country 30	Country 8. This corporation owes the current year Intangible Personal Property Tax. Yes No			□No
	9. Name and Address of Current	Registered Agent	81		10. Name and Address of New Register	ed Agent	•
FERNANDEZ, DIGNA M				Name			
743 W. 81ST STREET			82	Street Addre	Address (P.O. Box Number is Not Acceptable)		
HIALEAH FL 33014			83	83			47,5113
	,		84	City			ado.
		· ·		,	F	-L	
11. Pursuant office or agent La	to the provisions of Sections 607.0502 registered agent, or both, in the State of sm familiar with, and accept the obligation	and 607.1508, Florida Statute f Florida. Such change was au	s, the above thorized by	e-named corpo the corporation	ration submits this statement for the purpose n's board of directors. I hereby accept the ap	of changing its repointment as regi	egistered stered
SIGNATURE	•	0110 01; 0001011 007.0000; 71011		•			,
	Signature, typed or printed name of registered agent			t signature required			
12.	OFFICERS AND	DIRECTORS DELETE	13.	·	ADDITIONS/CHANGES TO OFFICERS		
NAME	FERNANDEZ, DIGNA M	□ DECE1E	-1.1 TITLE			Change	Addition
STREET ADORESS	the contract of the contract o		1.2 NAME 1.3 STREET	TADODESC	<u> </u>		
CITY-ST-ZIP	HIALEAH FL 33014						
TITLE	ATB		1.4 CITY-ST 2.1 TITLE	1-212		Change	Addition
NAME	FERNANDEZ, JOSE M						
STREET ADDRESS	TAO IN OACT OTDEET		2.3 STREET	ADDRESS	•		
CITY-\$T-ZIP	HIALEAL EL 2004A		2. 4 CITY-S				
TITLE		☐ DELETE 3.1 TI				☐ Change	Addition
NAME	But the substrate in		3.2 NAME				
STREET ADDRESS	mana 1744 Lauri		3.3 STREET	ADDRESS	خفارية محرانية		14 1
CITY-ST-ZIP			3.4. CITY- S	T-ZIP			5 77
TITLE		. DELETE	4.1 TITLE		.	☐ Change	Addition
NAME			4. 2 NAME		-		1
STREET ADDRESS			4.3 STREET	ADORESS			.
CITY-ST-ZIP			4.4 CITY-ST	T-ZIP			
TITLE		☐ DELETE	5.1 TITLE			Change	Addition
NAME	·.		5.2 NAME 5.3 STREET	ADDRESS .	·	•	1
STREET ADDRESS					·		
CITY-ST-ZIP		☐ DELETE	5.4 CITY-ST 6.1 TITLE	-ZIP	* .	☐ Change	Addition
NAME			6.2 NAME		·		Addition
			44 077557			•	

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 comporation of 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 charged, of or an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE

CITY-ST-ZIP

W S / S N A TOS ER P R LEAD AND B ATURE AND TIPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 1/10/98 (36/) 362-183

FILED

Jan 28, 1999 8:00am

Secretary of State

01-28-1999 90014 005 ***150.00

CR2E034 (11/98)