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

Mailing Address

LOT 9

9795 NW 115TH WAY

MEDLEY FL 33178-1166

2a. Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business

2. Principal Place of Business

SIGNATURE:

9795 NW 115TH WAY

MEDLEY FL 33178

LOT 8



FLORIDA DEPARTMENT OF STATE

FILED

Apr 21 1997 8:00am

Secretary of State

3a. Date of Last Report

Applied For

06/01/1996

3. Date Incorporated or Qualified

05/23/1994

4. FEI Number

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000039754 (4)

E & L GENERAL TRUCKING CORPORATION

21		26			65-0490301	Not An	oplicable	
Suite, Apt	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Addit	\$8.75 Additional Fee Required	
City & State	City & State City & State				Election Campaign Financing Trust Fund Contribution	\$5.00 May Added to Fe		
Ζφ 24	Country Zip C 25 29 30		· · · · ·	Country 8. This corporation has liability for intanging Florida Statutes Yes		ible tax under s. 199.032,		
	g, Name and Address of Curre	nt Registered Agent			10. Name and Address of New Registe	ered Agent		
VEGA, ELIZABETH 9795 NW 115TH WAY LOT 9				81 Name 82 Street Address (P.O. Box Number is Not Acceptable)				
:	LEY FI 33178		83		· · · · · · · · · · · · · · · · · · ·			
			84	,		FL 85 Zip Code		
11. Pursiante office of re agent it a SIGNATURE	/ VI. (1.1.10 V/h . 1.1000 i	· Elizars CTH V	664	1260	poration submits this statement for the purportion's board of directors. I hereby accept the	ise of changing its regise appointment as regis	gistered stered	
12.	OFFIGERS AN	D DIRECTORS	13.	 	ADDITIONS/CHANGES TO OFFICERS	ANO DIRECTORS IN	112	
Tift,E	PTD	DELETE	1.1 TITLE	·····		☐ Charge	Addition	
NAME	vega, elizabeth		1.2 NAME					
SPREEL ADORESS	9875 NW 115TH TERRACE		1.3 STREET	ADDRESS				
ODY SU 20F	MEDLEY FL 33178		1.4 CITY- S	ST-ZIP				
ate	VD	DELETE	2.1 TITLE	***************************************		☐ Change ☐	Addition	
IAME .	GARCIA, JUAN		2.2 NAME					
STREET ADORESS	9875 NW 115TH TERRACE		2 3 STREET	ADDRESS	•			
DITY-SE ZIP	MEDLEY FL 33178		2. 4 CfTY-	ST-ZIP				
BLE		☐ DELETE	3.1 TITLE			☐ Change ☐	Addition	
IAME			3.2 NAME					
VIERE E ADIORESS			3.3 STREET	ADDRESS				
11 r - ST - ZIP			3.4. CITY-:	ST-ZIP				
ili.	The second secon	DELETE	4.1 TITLE			Change	Addition	
IAME			4. 2 NAME					
STREE ADDRESS			4.3 STREET	ADDRESS				
JII 1 - S1 - ZIP			4.4 CITY-S	T-ZIP				
I*LE	The state of the s	☐ DELETE	5.1 TITLE			Change	Addition	
IAM:			5.2 NAME					
STREET ADDRESS			5.3 STREET	ADDRESS				
01Y - \$1 - 2 1P			5.4 CITY - S	T-ZIP				
TUE		DELETE	6.1 TITLE			Charige	Addition	
AME			6.2 NAME					
STREET ADDRESS			6.3 STREET	ADDRESS				
CiTY+ST+7IP			6. CITY-S	T-XIP				
	y certify that the information supplie	d with this filing does not quali	the exe	mption stated	d in Section 119.07(3)(i), Florida Statutes. I fo	urther certify that the		
information Larn an off appears in	i inclicated on this auritual report of s ficer or director of the conducation of i Block 12 or Block 13 if Granged, o	supplemental appual report is to the receiver of trustee empoy rongs attachment with an ad-	trive and accu verge to exec dress.	irate and that ute this repor	d in Section 119.07(3)(i), Florida Statutes. I fi I my signature shall have the same legal effer It as required by Chapter 607, Florida Statut	ct as if made under o es; and that my name	oath; that	