

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 # P94000039815

1. Corporation Name

JESSAL TRUCKING, INC.

Principal Place of Business

8390 N.W. 53RD STREET
MIAMI - FL 33166

Mailing Address

8390 N.W. 53RD STREET
MIAMI - FL 33166

2. Principal Place of Business

21 State, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 P.O. Box 524143

27 State, Apt. #, etc.

28 City & State

29 MIAMI - FL

30 Zip Country

31 33152-4143 32 U.S.A.

9. Name and Address of Current Registered Agent

AUSTIN, RICHARD B.

8390 N.W. 53RD STREET STE. 300
MIAMI - FL 33166

81 Name

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

83

84 City

85 Zip Code

FL

3. Date Incorporated or Qualified

05-23-1994

3a. Date of Last Report

4. FEI Number

65-0525537

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional

Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be

Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,

Florida Statutes

☐

Yes ☒ No

10. Name and Address of New Registered Agent

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

(NAME, Registered Agent Signature Required - if not a member)

8-15-96

12. OFFICERS AND DIRECTORS

11 TITLE ☐ DELETE

NAME ARIAS, NANCY
STREET ADDRESS 9850 S.W. 11 TH. TERRACE
CITY- ST- ZIP MIAMI - FL 33176

11 TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY- ST- ZIP

11 TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY- ST- ZIP

11 TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY- ST- ZIP

11 TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY- ST- ZIP

11 TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY- ST- ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☒ Change ☐ Addition

NAME ARIAS, NANCY
STREET ADDRESS 9850 S.W. 11 TH. TERRACE
CITY- ST- ZIP MIAMI - FL 33176

21 TITLE ☐ Change ☐ Addition

22 NAME
23 STREET ADDRESS
24 CITY- ST- ZIP

31 TITLE ☐ Change ☐ Addition

32 NAME
33 STREET ADDRESS
34 CITY- ST- ZIP

41 TITLE ☐ Change ☐ Addition

42 NAME
43 STREET ADDRESS
44 CITY- ST- ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME
53 STREET ADDRESS
54 CITY- ST- ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME
63 STREET ADDRESS
64 CITY- ST- ZIP

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-08/21/96--01016--019
***225.00

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 certify that the information indicated in 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:

NANCY ARIAS

8-1-96

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #