
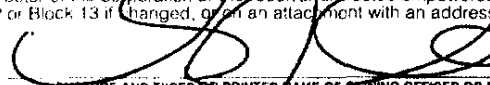


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
May 13 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997				FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS																									
DOCUMENT # P94000039815 1. Corporation Name <p style="text-align: center;">JESSAL TRUCKING, INC.</p>																													
Principal Place of Business 8390 N.W. 53rd STREET MIAMI, FL 33166			Mailing Address 2164 S.W. 25 TERR MIAMI, FLA 33133																										
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 P.O. BOX 524143 27 Suite, Apt. #, etc. 28 MIAMI FLA 29 33152-4143 30 U.S.A.		3. Date Incorporated or Qualified 05-23-1994 4. FEI Number 65-0525537 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No																									
8. Name and Address of Current Registered Agent AUSTIN, RICHARD B. 8390 N.W. 53rd STREET STE 300 MIAMI, FLA 33166			10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code																										
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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____																													
12. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;"> 1.1 TITLE PSD 1.2 NAME ARIAS, NANCY 1.3 STREET ADDRESS 9850 SW 111th TER 1.4 CITY-ST-ZIP MIAMI, FLA 33166 </td> <td style="width:50%;"> <input type="checkbox"/> DELETE </td> </tr> <tr> <td> 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP </td> <td> <input type="checkbox"/> DELETE </td> </tr> <tr> <td> 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP </td> <td> <input type="checkbox"/> DELETE </td> </tr> <tr> <td> 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP </td> <td> <input type="checkbox"/> DELETE </td> </tr> <tr> <td> 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP </td> <td> <input type="checkbox"/> DELETE </td> </tr> <tr> <td> 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP </td> <td> <input type="checkbox"/> DELETE </td> </tr> </table>			1.1 TITLE PSD 1.2 NAME ARIAS, NANCY 1.3 STREET ADDRESS 9850 SW 111th TER 1.4 CITY-ST-ZIP MIAMI, FLA 33166	<input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP 	<input type="checkbox"/> DELETE	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;"> 1.1 TITLE PSD 1.2 NAME ARIAS, NANCY 1.3 STREET ADDRESS 2164 S.W. 25 TERR 1.4 CITY-ST-ZIP MIAMI, FLA 33133 </td> <td style="width:50%;"> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> <tr> <td> 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP </td> <td> <input type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> <tr> <td> 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP </td> <td> <input type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> <tr> <td> 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP </td> <td> <input type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> <tr> <td> 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP </td> <td> <input type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> <tr> <td> 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP </td> <td> <input type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> </table>			1.1 TITLE PSD 1.2 NAME ARIAS, NANCY 1.3 STREET ADDRESS 2164 S.W. 25 TERR 1.4 CITY-ST-ZIP MIAMI, FLA 33133	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(m), 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:  Nancy Arias 4-29-97 (305) 324-2244 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #																													

CR2E034 (9/96)