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May 09 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 # P94000059955 (2)

1. Corporation Name

GLOBAL TRUCKING SERVICES, INC.



Principal Place of Business

MIAMI INTERNATIONAL AIRPORT
MIAMI FL 33159

Mailing Address

P.O. BOX 998737
MIAMI FL 33299-8737

3. Date Incorporated or Qualified

08/15/1994

3a. Date of Last Report

05/01/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

65-0551644

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

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

☐ Yes

☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GONZALEZ, JUAN JR.
501 SWAN AVE.
MIAMI SPRINGS FL 33166

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME PD
STREET ADDRESS GONZALEZ, JUAN
CITY-ST-ZIP 501 SWAN AVE
MIAMI SPRINGS FL

1.1 TITLE S/D
1.2 NAME ALICIA GONZALEZ
1.3 STREET ADDRESS 501 SWAN AVE
1.4 CITY-ST-ZIP MIAMI SPRINGS, FL 33166
☒ Change ☐ Addition

TITLE ☒ DELETE
NAME SD
STREET ADDRESS ZAMORA, ALBERT
CITY-ST-ZIP 10960 SW 38TH ST.
MIAMI FL

2.1 TITLE V/D
2.2 NAME ANGEL CACHINERO
2.3 STREET ADDRESS 6463 SW 128 CT
2.4 CITY-ST-ZIP MIAMI, FL 33183
☒ Change ☐ Addition

TITLE ☒ DELETE
NAME TD
STREET ADDRESS CACHINERO, ANGEL
CITY-ST-ZIP 5621 SW 69TH AVE.
MIAMI FL

3.1 TITLE T
3.2 NAME ANGEL C CACHINERO
3.3 STREET ADDRESS 5621 SW 69TH AVE
3.4 CITY-ST-ZIP MIAMI, FL 33143
☒ Change ☐ Addition

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE D
4.2 NAME SERGIO ABREU
4.3 STREET ADDRESS 11395 SW 109RD UNIT X
4.4 CITY-ST-ZIP MIAMI, FL 33176
☐ Change ☒ Addition

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE P
5.2 NAME CARLOS CASTRO
5.3 STREET ADDRESS 13028 SW 88TH RD SOUTH
5.4 CITY-ST-ZIP MIAMI FL 33186
☐ Change ☒ Addition

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP
☐ Change ☐ Addition

14. I do 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/97

(305) 867-2763

Date

Daytime Phone #

CR2E034 (9/96)