

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

FILED
May 19 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
08/15/1994

2. Principal Place of Business 21 3410 NW 27 ST. Suite, Apt. #, etc. 22 City & State 23 MIAMI, FL Zip 24 33142	2a. Mailing Address 26 P.O. BOX 998737 Suite, Apt. #, etc. 27 City & State 28 MIAMI, FL Zip 29 33299	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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No
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9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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	SD	1.1 TITLE	P/O
NAME	GONZALEZ, ALICIA	1.2 NAME	JUAN GONZALEZ JR
STREET ADDRESS	501 SWAN AVE	1.3 STREET ADDRESS	501 SWAN AVE
CITY-ST-ZIP	MIAMI SPRINGS FL	1.4 CITY-ST-ZIP	MIAMI SPRINGS, FL 33166
TITLE	VO	2.1 TITLE	
NAME	CACHINERO, ANGEL	2.2 NAME	
STREET ADDRESS	6463 SW 128 CT	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	
TITLE	T	3.1 TITLE	
NAME	CACHINERO, ANGEL C	3.2 NAME	
STREET ADDRESS	5621 SW 69TH AVE.	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	
NAME	ABREV, SERGIO	4.2 NAME	
STREET ADDRESS	11395 SW 109 RD UNIT X	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	
NAME	CASTRO, CARLOS	5.2 NAME	
STREET ADDRESS	13028 SW 88 TERRACE SOUTH	5.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 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

Am C 9/1/98

4/28/98

CR2E034 (10/97)