

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

FILED
Feb 25, 1999 8:00 am
Secretary of State

02-25-1999 90045 003 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P94000063197

1. Corporation Name
LARA'S TRUCKING INC.



Principal Place of Business 661 N.W. 124TH PL MIAMI FL 33182	Mailing Address 661 N.W. 124TH PL MIAMI FL 33182
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 12451 NW 7ST. City & State MIAMI, FL. Zip 33182		2a. Mailing Address 26 Suite, Apt. #, etc. 12451 NW 7ST. City & State MIAMI, FL. Zip 33182		3. Date Incorporated or Qualified 08/24/1994	
4. FEI Number 65-0515476		Applied For <input type="checkbox"/> Not Applicable		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 owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent LARA, RUBEN G 661 N.W. 124TH PL MIAMI FL 33182		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 12451 NW 7ST. 83 84 City FL 85 Zip Code	
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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  **HECTOR G. LARA. SD. 01/20/99**
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 D	<input type="checkbox"/> DELETE	1.1 TITLE PRESIDENT - D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME LARA, RUBEN G		1.2 NAME 12451 NW 7ST.	
STREET ADDRESS 661 N.W. 124TH PL		1.3 STREET ADDRESS 12451 NW 7ST.	
CITY-ST-ZIP MIAMI FL 33182		1.4 CITY-ST-ZIP	
TITLE VPD	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME LARA, JUAN J		2.2 NAME 12451 NW 7ST.	
STREET ADDRESS 661 N.W. 124TH PL		2.3 STREET ADDRESS	
CITY-ST-ZIP MIAMI FL 33182		2.4 CITY-ST-ZIP	
TITLE TD	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME LARA, VICTOR E		3.2 NAME 12451 NW 7ST.	
STREET ADDRESS 661 N.W. 124TH PL		3.3 STREET ADDRESS	
CITY-ST-ZIP MIAMI FL 33182		3.4 CITY-ST-ZIP	
TITLE P	<input type="checkbox"/> DELETE	4.1 TITLE SECRETARY - D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME LARA, HECTOR G		4.2 NAME 12451 NW 7ST.	
STREET ADDRESS 661 N.W. 124TH PL		4.3 STREET ADDRESS	
CITY-ST-ZIP MIAMI FL 33182		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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, with all other like empowered.

SIGNATURE:  **HECTOR G. LARA SD 01/20/99 (305) 220-2580**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)