FILED FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 Apr 30 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham **ANNUAL REPORT** Secretary of State Secretary of State 1998 **DIVISION OF CORPORATIONS** DOCUMENT #

1. Corporation Name P94000069714 (1) WHITE TRUCKING CORP. Principal Place of Business Mailing Address 18121 SW 18TH ST 18121 SW 18TH ST MIRAMAR FL 33029 MIRAMAR FL 33029 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 09/21/1994 2a. Mailing Address 2. Principal Place of Business 4. FEI Number Applied For 65-0529093 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Zip Country Country 8. This corporation owes or has paid the current year Intangible Yes Yes 24 25 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent MOLINA, PABLO 17220 NW 64TH AVE #101 82 Street Address (P.O. Box Number is Not Acceptable) HIALEAH FL 33015 83 84 City Zip Code 85 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) Signature, typod or printed name of registered agent and title if applicable 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Change Addition TITLE 11TITLE MOLINA, PABLO NAME 1.2 NAME 101 NW 66TH AVE STREET ADDRESS 1.3 STREET ADDRESS **MIAMI FL 33126** CITY-ST-ZIP 1.4 CITY - ST-ZIP **DELETE** Change Addition TITLE 2.1 TITLE BARRANCO, LUIS NAME 22 NAME 17220 NW 64TH AVE #101 STREET ADDRESS 2.3 STREET ADDRESS HIALEAH FL 33015 CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change ■ Addition TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS

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 at the receiver of trusted enjowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 of Changed, or on a attentional with an address.

4.4 CITY - ST - ZIP

5.3 STREET ADDRESS

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