FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

PROFIT CORPORATION ANNUAL REPORT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 04, 1999 8:00 am
Secretary of State
05-04-1999 90087 037 ***165.00

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DOCUMENT # P94000069714

1. Corporation Name
WHITE TRUCKING Corp.

Principal Place of Business
101 N.W 66th AVE.
MIAMI - Fla. 33126

Mailing Address

2. Principal Place of Business 21 101 N.W 66th AVE	2a. Mailing Address: 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 MIAMI - Fla.	City & State 28
Zip 24 33126 Country 25 DADE	Zip 29 Country 30

3. Date Incorporated or Qualified 04/15/94	3a. Date of Last Report
4. FEI Number 65-0529093	☐ 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

81 Name: PABLO MOLINA
82 Street Address (P.O. Box Number is Not Acceptable): 101 N.W 66TH AVE
83
84 City: MIAMI FL 85 Zip Code: 33126

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: X (registered agent's signature required for agent changes) DATE: 02-24-99

12. OFFICERS AND DIRECTORS

10 TITLE	PS;T	☐ DELETE
11 NAME	PABLO MOLINA	
12 STREET ADDRESS	101 N.W 66th AVE	
13 CITY-ST-ZIP	MIAMI - Fla. 33126	
20 TITLE		☐ DELETE
21 NAME		
22 STREET ADDRESS		
23 CITY-ST-ZIP		
30 TITLE		☐ DELETE
31 NAME		
32 STREET ADDRESS		
33 CITY-ST-ZIP		
40 TITLE		☐ DELETE
41 NAME		
42 STREET ADDRESS		
43 CITY-ST-ZIP		
50 TITLE		☐ DELETE
51 NAME		
52 STREET ADDRESS		
53 CITY-ST-ZIP		
60 TITLE		☐ DELETE
61 NAME		
62 STREET ADDRESS		
63 CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

10 TITLE		☐ Change ☐ Addition
11 NAME		
12 STREET ADDRESS		
13 CITY-ST-ZIP		
20 TITLE		☐ Change ☐ Addition
21 NAME		
22 STREET ADDRESS		
23 CITY-ST-ZIP		
30 TITLE		☐ Change ☐ Addition
31 NAME		
32 STREET ADDRESS		
33 CITY-ST-ZIP		
40 TITLE		☐ Change ☐ Addition
41 NAME		
42 STREET ADDRESS		
43 CITY-ST-ZIP		
50 TITLE		☐ Change ☐ Addition
51 NAME		
52 STREET ADDRESS		
53 CITY-ST-ZIP		
60 TITLE		☐ Change ☐ Addition
61 NAME		
62 STREET ADDRESS		
63 CITY-ST-ZIP		

CR2E034 (9/96)

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 report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a director or officer of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that this report reflects the current principal place of business, the name and address of the current registered agent, and the officers and directors of the corporation to the best of my knowledge.

SIGNATURE: X (SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) 02-24-99 (DATE)