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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

Feb 27 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000071879 (8)

SERRANO TRUCKING SERVICE, INC.

Principal Place of Business Mailing Address 10 SW 49TH AVE. #4A MIAMI FL 33134 MIAMI FL 33134					
		·		3. Date Incorporated or Qualified 09/26/1994	3a. Date of Last Report 04/11/1996
2. Principal Pi	lace of Business	2a. Mailing Address 26	•	4. FEI Number 65-0520106	Applied For Not Applicable
Suite, Apt	#, etc	Suite, Apt. #, etc.		6. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	e	City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Ζ(p)	Country 25	Zip 29 3	Country 30	8. This corporation has liability for i	tangible tax under s. 199.032, Yes No
	9. Name and Address of Curre			10. Name and Address of New Re-	platered Agent
SER	RANO, ANGEL		81 Name		
10 SW 49TH AVE. #4A MIAMI FL 33134			82 Street Addi	ress (P.O. Box Number is Not Acceptab	le)
			83		In I To Code
			84 City		FL 85 Zip Code
office or n agent. La: SIGNATURE	egistered agent, or both, in the Stat m familiar with, and accept the oblig	te of Florida. Such change was au gations of, Section 607.0505, Flori	ithorized by the corporation of	oration submits this statement for the p lion's board of directors. I hereby accep	t the appointment as registered
	Styrefore, typed or protest name of registered as		Registered Agent signature requir		DATE
12.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTORS IN 12 Change
TETLE	D Serrano, angel	☐ betere	1.1 TITLE		Cutantão Chydrathu
NAME	10 SW 49TH AVE. #4A		1.2 NAME		
STREET ADDRESS			1.3 STREET ADDRESS		
City'- ST- 2iF	MIAMI FL 33134 D	DELETE	1.4 CITY-ST-ZIP		☐ Change ☐ Addition
TOLE	SERRANO, ELENA	☐ pecele	2.1 TITLE		Ci change Ci Xoodon
NAM(10 SW 49TH AVE. #4A		2.2 NAME		
STREET ADDRESS	MIAMI FL 33134		2.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	MIAMI FL 33134	☐ DELETE	2. 4 CITY-ST-ZIP 3.1 TITLE		Change Addition
NAME			3.2 NAME		C Ourigo C roomon
			3.3 STREET ADDRESS		
STREET ADDRESS					İ
C(TY+ST+Z)P TITLE		DELETE	3.4. CITY - ST - ZIP 4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS	•	Ì
CITY-ST-ZIP			4.4 City-ST-ZIP		ì
TOLE		DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		-
STREET ADDRESS		,	5.3 STREET ADDRESS		
CITY-SI-ZIP			5.4 CITY - ST - ZIP		
TITLE		☐ DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		=
STREET ADORESS			6.3 STREET ADDRESS		
Jinici Adoness			J. O OTHER PROPERTY		

14. If 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 suppliemental 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 referever 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 a Vallachment with an address.

SIGNATURE:

SI