

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

**FILED**  
**Apr 17 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # **P95000000095**

1. Corporation Name  
**FORTUNA TRUCKING CO., INC.**

Principal Place of Business: **2300 N.W. 94th Ave Suite 203 Miami FL 33172**  
 Mailing Address: **2300 N.W. 94th Avenue Suite #203 Miami FL 33172**

3. Date Incorporated or Qualified: **01/03/1995**  
 3a. Date of Last Report

2. Principal Place of Business: 21. Suite/Apt #, etc: 22. City & State: 23. Zip: 24. Country: 25. Mailing Address: 26. Suite/Apt #, etc: 27. City & State: 28. Zip: 29. Country: 30. FEI Number: **65-0546421** Applied For:  Not Applicable:  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  
**ALI, MARCELO C**  
**17701 S.W. 4th Ct.**  
**Pembroke Pines FL 33029**

10. Name and Address of New Registered Agent  
 81. Name: \_\_\_\_\_  
 82. Street Address (P.O. Box Number is Not Acceptable): \_\_\_\_\_  
 83. \_\_\_\_\_  
 84. City: \_\_\_\_\_ FL 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 and am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: \_\_\_\_\_ (NOTE: Registered Agent's signature required when re-issuing) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	PTD	<input type="checkbox"/> DELETE
NAME	ALI, MARCELO C	
STREET ADDRESS	17701 S.W. 4th COURT	
CITY-ST-ZIP	PEMBROKE PINES FL 33029	<input type="checkbox"/> DELETE
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		<input type="checkbox"/> DELETE
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		<input type="checkbox"/> DELETE
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. NAME	
13. STREET ADDRESS	
14. CITY-ST-ZIP	
21. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME	
23. STREET ADDRESS	
24. CITY-ST-ZIP	
31. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32. NAME	
33. STREET ADDRESS	
34. CITY-ST-ZIP	
41. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42. NAME	
43. STREET ADDRESS	
44. CITY-ST-ZIP	
51. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52. NAME	
53. STREET ADDRESS	
54. CITY-ST-ZIP	
61. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62. NAME	
63. STREET ADDRESS	
64. CITY-ST-ZIP	

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14. I, the filer, hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 on Block 12 or Block 13, if a change, or on an attachment with an address.

SIGNATURE: *[Signature]* DATE: **10 APR 97** DAYTIME PHONE: **305-470-4662**

CR2E034 (9/96)