

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

**FILED**  
**Jun 04 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998



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 NW 94th AVE STE 200 MIAMI FL 33172**  
 Mailing Address:

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **1/3/95**

4. FEI Number: **25-0546421** 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 owes or has paid the current year Intangible Personal Property Tax due June 30:  Yes  No

2. Principal Place of Business: **21**  
 Suite, Apt. #, etc. **22**  
 City & State **23**  
 Zip **24** Country **25**

2a. Mailing Address: **26**  
 Suite, Apt. #, etc. **27**  
 City & State **28**  
 Zip **29** Country **30**

9. Name and Address of Current Registered Agent  
**ALI, MARCELO C.**  
**17701 SW 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 607.0509 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: \_\_\_\_\_ (NAME) Registered Agent signature required when incorporating. \_\_\_\_\_ (NAME) \_\_\_\_\_ (NAME)

12. OFFICERS AND DIRECTORS

TITLE: **PSD**  DELETED  CHANGE  ADDITION  
 NAME: **17701 SW 4th CT**  
 STREET ADDRESS: **PEMBROKE PINES FL 33029**  
 CITY - ST - ZIP:

TITLE: **President**  DELETED  CHANGE  ADDITION  
 NAME: **Marcelo C. Ali**  
 STREET ADDRESS: **2300 NW 94th AVE Suite 200**  
 CITY - ST - ZIP: **MIAMI, FL 33172**

TITLE:  DELETED  CHANGE  ADDITION  
 NAME:  
 STREET ADDRESS:  
 CITY - ST - ZIP:

TITLE:  DELETED  CHANGE  ADDITION  
 NAME:  
 STREET ADDRESS:  
 CITY - ST - ZIP:

TITLE:  DELETED  CHANGE  ADDITION  
 NAME:  
 STREET ADDRESS:  
 CITY - ST - ZIP:

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE:  Change  Addition  
 12 NAME:  
 13 STREET ADDRESS:  
 14 CITY - ST - ZIP:

21 TITLE:  Change  Addition  
 22 NAME:  
 23 STREET ADDRESS:  
 24 CITY - ST - ZIP:

31 TITLE:  Change  Addition  
 32 NAME:  
 33 STREET ADDRESS:  
 34 CITY - ST - ZIP:

41 TITLE:  Change  Addition  
 42 NAME:  
 43 STREET ADDRESS:  
 44 CITY - ST - ZIP:

51 TITLE:  Change  Addition  
 52 NAME:  
 53 STREET ADDRESS:  
 54 CITY - ST - ZIP:

61 TITLE:  Change  Addition  
 62 NAME:  
 63 STREET ADDRESS:  
 64 CITY - ST - ZIP:

**000002550360**  
**-06/08/98--01010--043**  
**\*\*\*150.00**

**Y/6/4**

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 supplementary 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 registered 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 attached sheet with an address.

SIGNATURE: \_\_\_\_\_ \* **4/30/98**

CR2E034 (10/97)