SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.) PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State 1996 DIVISION OF CORPORATIONS DOCUMENT #

1. Corporation Name P95000031418 (3) SPEED OF LIGHT TRUCKING, CORP. Principal Place of Business Mailing Address 2455 W 71 PL 2455 W 71 PL HIALEAH FL 33016 HIALEAH FL 33016 3. Date Incorporated or Qualified 3a. Date of Last Report 04/21/1995 2. Principal Place of Business 2a. Mailing Address 4 FELNumber Applied For 2740 SW 92Nd PJ 2740 SW 92 Nd PL Not Applicable Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required City & State \$5.00 May Be 6. Election Campaign Financing Miami Trust Fund Contribution Added to Fees This corporation has tiability for intangible tax under s. 199 032. Yes No 29 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent CABALLERO, JULIO C Caballero Ju/10 2455 W 71 PL ress (P.O. Box Number is Not Acceptable) HIALEAH FL 33016 7740 SW 920N 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 agent or both, in the State of Florida Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent and familiar with, and accept the obligations of, Section 607,0505, Florida Statutes. 33165 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/8)TITLE DELETE 1 1 THILE ___ Change ___ Addition NAME CABALLERO, JULIO C 1.2 NAME CR2E034 STREET ADDRESS 2455 W 71 PL 1.3 STREET ADDRESS HIALEAH FL 33016 CITY-ST-ZIP 14 CITY - \$1 - 7/P TITLE DELETE 21 TIFLE Change Addition NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2 4 CITY - ST ZIP TITLE DELETE 3 1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3 3 STREET ADDRESS CITY - S1 - ZIP 34 CITY-ST-ZIP THLE DELETE 4 1 TITLE Change Addition NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP TITLE DELETE 10000187604 [hange -06/26/96--01053--017 5 1 TITLE NAME 5.2 NAME STREET ADDRESS 5 3 STREET ADDRESS ***225.00 CITY-ST-ZIP 5 4 CITY - ST - ZIP TITLE DELETE 61 THILE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CHTY-ST-ZIP 6.4 CITY - \$1 - 7iP 14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Gtatutes 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 kigal 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 617, Florida Statutes, and that my name appears in Block 12 SIGNATURE AND TYPED OR PRINTED NAME OF SIGN CESSAT Caballero 6-10-96 (402) 615-4353

Discontinuo officer or director SIGNATURE: