

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**May 05, 1999 8:00 am**  
**Secretary of State**

05-05-1999 90060 009 \*\*\*150.00

**DOCUMENT # P95000038858**

1. Corporation Name

**CACHI TRUCKING SERVICE, INC.**



Principal Place of Business

422 FORSYTH RD  
ORLANDO FL 32807

Mailing Address

P O BOX 570327  
ORLANDO FL 32857  
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 **2187 JESSA DR**

Suite, Apt. #, etc.

22 City & State

23 **KISSIMMEE FLORIDA**

Zip Country

24 **34743**

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

30

3. Date Incorporated or Qualified

**05/12/1995**

4. FEI Number

**59-3321915**

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 the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**SANCHEZ, RAFAEL C**  
**422 FORSYTH RD**  
**ORLANDO FL 32807**

10. Name and Address of New Registered Agent

81 Name

**CRUZ RAFAEL**

82 Street Address (P.O. Box Number is Not Acceptable)

**2187 JESSA DRIVE**

83

84 City

**KISSIMMEE**

**FL**

85 Zip Code  
**34743**

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 *Nancy Aviles* **Nancy Aviles**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**4-22-99**

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE  
NAME **PD SANCHEZ, RAFAEL C**  
STREET ADDRESS **422 FORSYTH RD**  
CITY-ST-ZIP **ORLANDO FL**

TITLE ☐ DELETE  
NAME **V AVILES, NANCY**  
STREET ADDRESS **422 FORSYTH RD**  
CITY-ST-ZIP **ORLANDO FL**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition  
1.2 NAME **PD CRUZ RAFAEL**  
1.3 STREET ADDRESS **2187 JESSA DR**  
1.4 CITY-ST-ZIP **KISSIMMEE FL**

2.1 TITLE ☒ Change ☐ Addition  
2.2 NAME **V AVILES NANCY**  
2.3 STREET ADDRESS **2187 JESSA DRIVE**  
2.4 CITY-ST-ZIP **KISSIMMEE FLORIDA**

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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 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 in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Nancy Aviles*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**4-22-99 (407) 344-8893**

CR2E034 (11/98)

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