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Mar 19 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 # P95000049131 (2)

1. Corporation Name  
J.C. TRUCKING INC.

Principal Place of Business  
5907 KUMQUAT RD  
WEST PALM BEACH FL 33413

Mailing Address  
5907 KUMQUAT RD  
WEST PALM BEACH FL 33413-1117



|   |                  |                         |                  |   |  |
|---|------------------|-------------------------|------------------|---|--|
| 2. Principal Place of Business                  |                  | 2a. Mailing Address     |                  | 3. Date Incorporated or Qualified<br>06/22/1995   | 3a. Date of Last Report<br>05/01/1996  |
| 21. Suite, Apt. #, etc.                         | 22. City & State | 26. Suite, Apt. #, etc. | 27. City & State | 4. FEI Number<br>65-0591348   | Applied For<br>Not Applicable  |
| 23. Zip   | 25. Country      | 28. Zip                 | 30. Country      | 5. Certificate of Status Desired<br><input type="checkbox"/> \$8.75 Additional Fee Required | 6. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees |
| 9. Name and Address of Current Registered Agent |                  |                         |                  | 10. Name and Address of New Registered Agent  |  |

RAMOS, JOSE A  
5907 KUMQUAT RD  
WEST PALM BEACH FL 33413

|  |              |
|--|--------------|
| 81. Name   | 85. Zip Code |
| 82. Street Address (P.O. Box Number is Not Acceptable) |              |
| 83.  |              |
| 84. City   |              |

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: DATE: 3-19-97

| 12. OFFICERS AND DIRECTORS |                          | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |  |
|----------------------------|--------------------------|---|--|
| TITLE                      | PD                       | 11. TITLE   |  |
| NAME                       | RAMOS, JOSE A            | 12. NAME  |  |
| STREET ADDRESS             | 5907 KUMQUAT RD          | 13. STREET ADDRESS                                    |  |
| CITY - ST - ZIP            | WEST PALM BEACH FL 33413 | 14. CITY - ST - ZIP                                   |  |
| TITLE                      | VD                       | 2.1. TITLE  |  |
| NAME                       | RAMOS, CARLOS F          | 2.2. NAME   |  |
| STREET ADDRESS             | 5917 KUMQUAT RD          | 2.3. STREET ADDRESS                                   |  |
| CITY - ST - ZIP            | WEST PALM BEACH FL 33413 | 2.4. CITY - ST - ZIP                                  |  |
| TITLE                      |                          | 3.1. TITLE  |  |
| NAME                       |                          | 3.2. NAME   |  |
| STREET ADDRESS             |                          | 3.3. STREET ADDRESS                                   |  |
| CITY - ST - ZIP            |                          | 3.4. CITY - ST - ZIP                                  |  |
| TITLE                      |                          | 4.1. TITLE  |  |
| NAME                       |                          | 4.2. NAME   |  |
| STREET ADDRESS             |                          | 4.3. STREET ADDRESS                                   |  |
| CITY - ST - ZIP            |                          | 4.4. CITY - ST - ZIP                                  |  |
| TITLE                      |                          | 5.1. TITLE  |  |
| NAME                       |                          | 5.2. NAME   |  |
| STREET ADDRESS             |                          | 5.3. STREET ADDRESS                                   |  |
| CITY - ST - ZIP            |                          | 5.4. CITY - ST - ZIP                                  |  |
| TITLE                      |                          | 6.1. TITLE  |  |
| NAME                       |                          | 6.2. NAME   |  |
| STREET ADDRESS             |                          | 6.3. STREET ADDRESS                                   |  |
| CITY - ST - ZIP            |                          | 6.4. CITY - ST - ZIP                                  |  |

14. I 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 included 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; 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.

SIGNATURE: DATE: 3-19-97

CR2E034 (9/96)