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

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Feb 02 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 # **P95000051286 (9)**

1. Corporation Name
ADVANCE TRUCK TRAILER SERVICE CORPORATION

Principal Place of Business	Mailing Address
5795 WEST 13 COURT HIALEAH FL 33012	5795 WEST 13 COURT HIALEAH FL 33012

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/30/1995

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

4. FEI Number: ~~65-0593566~~ 65-0593543 — 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

9. Name and Address of Current Registered Agent

RAMOS, CARIDAD
5795 WEST 13 COURT
HIALEAH FL 33012

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. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: _____ DATE: _____
Signature, typed or printed name of registered agent and the # applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	RAMOS, ANGEL		1.2 NAME		
STREET ADDRESS	5795 WEST 13 COURT		1.3 STREET ADDRESS		
CITY-ST-ZIP	HIALEAH FL 33012		1.4 CITY-ST-ZIP		
TITLE	T	☒ DELETE	2.1 TITLE	T	☐ Change ☒ Addition
NAME	RAMOS, ANGEL M JR.		2.2 NAME	Caridad Ramos	
STREET ADDRESS	5795 WEST 13 COURT		2.3 STREET ADDRESS	5795 W 13 Court	
CITY-ST-ZIP	HIALEAH FL 33012		2.4 CITY-ST-ZIP	Hialeah, FL 33012	
TITLE	S	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	CARIDAD, RAMOS		3.2 NAME		
STREET ADDRESS	5795 WEST 13 COURT		3.3 STREET ADDRESS		
CITY-ST-ZIP	HIALEAH FL		3.4 CITY-ST-ZIP		
TITLE		☐ 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	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (10/97)

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 added by attachment with an address.

SIGNATURE: Angel Ramos . 1/26/98 305 685-1851
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # — 0121998