

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

FILED

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
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DOCUMENT # P95000051286 (9)

1. Corporation Name
ADVANCE TRUCK TRAILER SERVICE CORPORATION



Principal Place of Business
5795 WEST 13 COURT
HIALEAH FL 33012

Mailing Address
5795 WEST 13 COURT
HIALEAH FL 33012

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/30/1995	
21	State, Apt. #, etc.	25	State, Apt. #, etc.	4. FEI Number 05-0597066 65-0593543	
22	City & State	27	City & State	5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
24	Country	29	Country	8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30 ☐ Yes ☐ No	

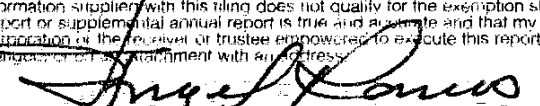
9. Name and Address of Current Registered Agent RAMOS, CARIDAD 5795 WEST 13 COURT HIALEAH FL 33012		10. Name and Address of New Registered Agent	
		81	Name
		82	Street Address (P.O. Box Number is Not Acceptable)
		83	
		84	City
		FL	85 Zip Code

11. Pursuant to the provisions of Sections 607.0602 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 _____
Signature typed or printed name of registered agent and the if applicable (the registered agent signature required when resigning) Date _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	RAMOS, ANGEL	12 NAME	
STREET ADDRESS	5795 WEST 13 COURT	13 STREET ADDRESS	
CITY-ST-ZIP	HIALEAH FL 33012	14 CITY-ST-ZIP	
TITLE	T	21 TITLE	☐ Change ☒ Addition
NAME	RAMOS, ANGEL M JR.	22 NAME	Caridad Ramos
STREET ADDRESS	5795 WEST 13 COURT	23 STREET ADDRESS	5795 W 13 Court
CITY-ST-ZIP	HIALEAH FL 33012	24 CITY-ST-ZIP	Hialeah, FL 33012
TITLE	S	31 TITLE	☐ Change ☐ Addition
NAME	CARIDAD, RAMOS	32 NAME	
STREET ADDRESS	5795 WEST 13 COURT	33 STREET ADDRESS	
CITY-ST-ZIP	HIALEAH FL	34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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)(b), 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 of change of office or attachment with an address.

SIGNATURE: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/26/98 305
685-1851
Date City, State, Zip 0121998

CR2E034 (10/97)