

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

DOCUMENT # P95000051286

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

2. Principal Place of Business  
21 2485 NW 143 ST  
Suite, Apt. #, etc.  
22 10Pa-LOCK a  
City & State  
23 Florida  
Zip 33054 Country U.S.A.

2a. Mailing Address  
26  
Suite, Apt. #, etc.  
27  
City & State  
28  
Zip 30  
Country  
29

FILED  
Feb 22, 1999 8:00 am  
Secretary of State

02-22-1999 90067 039 \*\*\*150.00

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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
06/30/1995

4. FEI Number  
65-0593543  
Applied For  
Not Applicable

5. Certificate of Status Desired  \$8.75 Additional  
Fee Required

6. Election Campaign Financing  \$5.00 May Be  
Trust Fund Contribution Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax.  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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	<input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP
NAME	RAMOS, ANGEL		V Aamos Manuel Angel 5400 NW 159 ST Hialeah, FL 33012
STREET ADDRESS	5795 WEST 13 COURT		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
CITY-ST-ZIP	HIALEAH FL 33012		
TITLE	T	<input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP
NAME	CARIDAD, RAMOS		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	5795 W 13 CT		
CITY-ST-ZIP	HILEAH FL 33012		
TITLE	S	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP
NAME	CARIDAD, RAMOS		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	5795 WEST 13 COURT		
CITY-ST-ZIP	HIALEAH FL		
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP
NAME			<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP
NAME			<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP
NAME			<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-11-99-305-6851851

Daytime Phone #

CR2E034 (11/98)