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

PROFIT
CORPORATION
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997 DOCUMENT # P95000057619 (5)

T & V TRUCKING, INC.

Principal Place	o of Rusiness	Malling Address			0141 08401 1 4111 14031 01101 1101 8 1011 1001
•		3570 SOUTHWEST 49TI	LI WAV	,	
3570 SOUTHWE FORT LAUDERS		FORT LAUDERDALE FL			
(OIII DIODEIII	Printe I L. WOOTT				
				 Date Incorporated or Qualified 07/26/1995 	3a. Date of Last Report 03/26/1996
2. Principal Pl	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		65-0623097 65-	O 6 00 32 9 Not Applicable
Suite, Apt.	#, etc	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22	1.1	27			Fee Required
City & State	e	City & State		6. Election Campaign Financing	\$5.00 May Be
23	T. 6	28	Country	Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country		or intangible tax under s. 199.032, Yes No
24	25 9. Name and Address of Curre	29	30	Florida Statutes 10. Name and Address of New	
\#AT		ant neglatered Agent	81 Name	(U) Harris and Address of from	registeres Agent
	FOR ANIDO	7			
122t		correctAd	- Dalibot Ac	ddress (P.O. Box Number is Not Accept トンとら らい 49	Covet.
	ever	ything al	83		
		sam	84 City		FL 85 Zip Code
11. Pursuant	to the provisions of Sections 607.05	502 and 607 1508, Florida Sta	atutes, the above-named co	orporation submits this statement for the	e purpose of changing its registered
office or n agent La	egistered agent, or both, in the Stat m familiar <u>with, and accept</u> the obli	te of Florida. Such change wi gations of, Section 607,0505.	as authorized by the corpo . Florida Statutes	ration's board of directors. I hereby acc	cept the appointment as registered
SIGNATURE			VictorA	nido Pres	1/4/97.
SIGNATORE	Signature, typind or printed name of registered a	igent and tille if applicable (NOTE Registered Agent signature re	· · · · · · · · · · · · · · · · · · ·	DATE
12.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OF	FICERS AND DIRECTORS IN 12
TITLE	VD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	BROSNAHAN, TOM		1.2 NAME	•	
STREET ADDRESS	3570 SOUTHWEST 49TH WA	NY .	1.3 STREET ADDRESS		
C(1Y-ST-ZIP	FORT LAUDERDALE FL		1.4 CITY - \$7 - ZIP		
TITLE	PD	L DELETE	2.1 TITLE		Change
NAME	ANIDO, VICTOR		2.2 NAME		P.M. A.
STREET ADDRESS	3570 SOUTHWEST 49TH WA	NY .	2.3 STREET ADDRESS		$+P_{-2}$
CITY-ST-ZIP	FORT LAUDERDALE FL	- Antere	2. 4 City-St-ZiP		
TITLE		☐ DELETE	3.1 TITLE		Change Addition
name :					····
			3.2 NAME		- · -
STREET ADDRESS			3.3 STREET ADDRESS		- , -
CHTY-S1-ZIP			3.3 STREET ADDRESS 3.4. CITY-ST-ZIP	·	Chara Ladition
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CHY-S1-ZIP TITLE		DELETE	3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS	·	Change Addition
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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 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.

SIGNATURE:

GNATURE AND TYPED OR PHINTED NAME OF SIGNING OFFICER OR DIRECTOR

Victor Anido, Die (954)

FILED

Feb 04 1997 8:00am

Secretary of State