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PROFIT
CORPORATION
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997 DOCUMENT # P9500058038 (7)

DANARKE TRUCKING, INC.

Principal	Place of	of Business
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1451 N.W. 129TH AVE.

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Mailing Address

1451 N.W. 129TH AVE.

FILED Apr 21 1997 8:00am Secretary of State



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					3. Date Incorporated or Qualified 07/27/1995	3a. Date of Last F 05/01/1996	Report
2. Principal P	lace of Business	2a. Mailing Address			4, FEI Number		oplied For
21		26			65-0598996	~	ot Applicable
Sulte, Apt.	#, e lc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		Additional
Clbs & Ctat		27 Cit. 8 Ctot-				··	equired
City & State	9	City & State			6. Election Campaign Financing		May Be
Zip	Country	28	Cou	ntru	Trust Fund Contribution		to Fees
	Cooning	29	30	ill y	8. This corporation has liability for in Florida Statutes	itangible tax under s Yes No	. 199.032,
24	9. Name and Address of Current		1301		10. Name and Address of New Reg		
1117	O, ALEXIS			81 Name	10	, oto roo rigorii	
	N.W. 129TH AVE.		ļ				
	MI FL 33182		Ì	82 Street Add	dress (P.O. Box Number is Not Acceptabl	e)	
MIN	MI FL 33102		}	83			
			Ì				
100				84 City		F1 85 Zip	Code
44 Owner	to the providing of Greatery COZ O/ O/	2 and 007 4000 Flacide Otel 4			rporation submits this statement for the pr	• • I	
office or r	egistered agent, or both, in the State	of Florida, Such change was a	authorized	d by the corpora	ation's board of directors. I hereby accep	t the appointment as	is registered registered
agent. I a	m familiar with, and accept the obliga	itions of, Section 607.0505, Flo	orida Stat	utes.		•	-
SIGNATURE	Signature, typed or printed name of registered agen	ALCO ALCO ALCO ALCO ALCO ALCO ALCO ALCO			ulned when relinstating)	DATE	
12.	Signature, typed or printed name of registered agrir OFFICERS ANI		13.	s Agent signature requ	ADDITIONS/CHANGES TO OFFIC		2C INI 12
TITLE	PD	DELETE	11.10	TIE T	ADDITIONS/CHANGES TO OFFICE	Change	Addition
NAME	LLIZO, AMADO		1.2 NA			onango	
STREET ADORESS	%1451 N.W. 129TH AVE.						
			4 2 61				
				REFT ADDRESS			
CITY-ST-ZIP	MIAMI FL 33182	DIVETE	1.4 CI	1Y-ST-7IP		Channe	Addition
CITY-ST-ZIP TITLE	MIAMI FL 33182 VD	DELETE	2.1 TII	TY-ST-ZIP		Change	Addition
CITY-ST-ZIP TITLE NAME	MIAMI FL 33182 VD LLIZO, ALEXIS	☐ DELETE	1.4 CI 2.1 TII 2.2 NA	TY-ST-ZIP ILE		Change	☐ Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS	MIAMI FL 33182 VD LLIZO, ALEXIS 280 N.W. 129TH AVE.	☐ DELETE	2.1 TU 2.2 NA 2.3 ST	IY-ST-7IP ILE IME REET ADDRESS		Change	Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	MIAMI FL 33182 VD LLIZO, ALEXIS		2.1 TH 2.2 NA 2.3 ST 2.4 CH	TY-ST-ZIP ILE IME REET ADDRESS ITY-ST-ZIP			
CITY-\$T-ZIP TITLE NAME STREET ADDRESS CITY-\$T-ZIP TITLE	MIAMI FL 33182 VD LLIZO, ALEXIS 280 N.W. 129TH AVE.	☐ DELETE	1.4 CI 2.1 TII 2.2 NA 2.3 ST 2.4 CI 3.1 TII	IY-ST-ZIP LEE LME REET ADDRESS TY-ST-ZIP LE		Change	
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CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	MIAMI FL 33182 VD LLIZO, ALEXIS 280 N.W. 129TH AVE.	□ DELETE	1.4 CI 2.1 TII 2.2 NA 2.3 ST 2.4 CI 3.1 TII 3.2 NA 3.3 ST 3.4 CI 4.1 TII	IY-ST-7IP REE MME REET ADDRESS TY-ST-7IP LE MME REET ADDRESS RY-ST-7IP LE LE LE LE LE LE LE LE LE L		Change	Addition
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into nereby certify that the information supplies with this filling does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. Floring that the information indicated on this annual report or supplicmental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the corporation or the receiver or frusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 12 if shanged, or on an attachment with an address.

OLONIATURE.

AMADO LLIZO PRESIDENT

04/14/97

(305)553-0200