## 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 # P95000075416

N & J TRUCKING, INC.

## May 04, 1999 8:00 am Secretary of State

05-04-1999 90194 024 \*\*\*150.00



Principal Place	e of Business	Mailing Address				( tib libet lin fallet Miste Balte antit enter enter miner trans dier inne				
•		3220 N.W. SOUTH RIVER DRIVE								
3220 N.W. SOUTH RIVER DRIVE MIAMI FL 33142		MIAMI FE 33142								
						DO NOT WRITE IN THIS SPACE				
	į.					3. Date Incorporated or Qualifed 09/27/1995				
2. Principal Pl	lace of Business	2a. Mailing Address	2a. Mailing Address			4. FEI Number		Applied Fo	or	
21		26				65-0618607 Not Applica			able	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				\$8.75 Additional				
22		27				5. Certificate of Status Desired Fee Required				
City & State	9	City & State				6. Election Campaign Financing \$5.00 May Be				
23		28				Trust Fund Contribution		led to Fees		
Zip				ry		8. This corporation owes the current year Inter-		П.,		
24	25 29 30			Personal Property Tax.					$\overline{}$	
	9. Name and Address of Current	t Registered Agent		T	A1 -	10. Name and Address of New Registered	Agent			
000	IDNO IODOE		la	11	Name					
OSORNO, JORGE 3220 N.W. SOUTH RIVER DRIVE MIAMI FL 33142			8	2	Street Addre	dress (P.O. Box Number is Not Acceptable)				
			8	3	·				$\neg$	
			8	14	City	<b></b>	85 2	Zip Code		
					•	<u>FL</u>	. /	<u> </u>		
office or n	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligat	of Florida. Such change was aut	thorized b	ov ti	-named corpo he corporation	pration submits this statement for the purpose of n's board of directors. I hereby accept the appoin	changing ntment a	g its registe s røgistered	rea t	
SIGNATURE		Alore I	3 - data and 6 a		signature required	when reinstating) DATE				
12.	Signature, typed or printed name of registered agen	O DIRECTORS	13.	jen	signature required	ADDITIONS/CHANGES TO OFFICERS AN	ID DIREC	CTORS IN	12	
TITLE	DVP	☐ DELETE	1.1 TITLE				□ Char		ddition	
		<u> </u>	1.2 NAMI		Ì			_		
NAME	MONOCANDILOS, JORDAN				ADDRESS				,	
STREET ADDRESS 3201 N.W. 24TH ST. ROAD			1.3 STREET ADDRESS						)	
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NAME	OSORNO, JORGE		22 NAME							
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NAME )	SUAREZ; ROSANA		3.2 NAME		Ì				ľ	
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NAME			6.2 NAM	Е	)					
CTDEET ADDDESS			6.3 STRE	EET /	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 charged, or on an attachment with an address, with all other like empowered. oration or the receiver or trustee empowered to execute this report and perfect of the receiver or trustee empowered to execute this report and perfect of the receiver or trustee empowered to execute this report and perfect of the receiver or trustee empowered to execute this report and perfect of the receiver or trustee empowered to execute this report and perfect of the receiver or trustee empowered to execute this report and perfect of the receiver or trustee empowered to execute this report and perfect of the receiver or trustee empowered to execute this report and perfect of the receiver or trustee empowered to execute this report and perfect of the receiver or trustee empowered to execute this report and perfect of the receiver or trustee empowered to execute this report and perfect of the receiver of the receiver or trustee empowered to execute this report and perfect of the receiver of the

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

Old Jorge Osorno. / President Wild TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(305) 634-4666

CR2E034 (11/98)