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

PROFIT CORPORATION ANNUAL REPORT



Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT #

P95000077438 (6)

DANIELLE TRUCKING CORPORATION

FILED Feb 27 1998 8:00am Secretary of State



Principal Plac	e of Business	Mailing Address			I INSIGNAL DIO SOLDI ALTRI DELLE MARTE MARTE MA	11 19411 19411 9161	10 dita) (Bit 30 At
1800 NW 36 AVE. 1600 NW 36 AVE. MIAMI FL 33125 MIAMI FL 33125					DO NOT WRITE IN TH	IIS SPACE	
					 Date incorporated or Qualified 10/05/1995 		
	Place of Business	2a. Mailing Address			4. FEI Number	/	Applied For
	5 NW 36 ALL	26 1600 NW	JQ A	ν φ	65-0613866		Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc. Miami,			FI	 ,	5. Certificate of Status Desired		Additional Required
City & State 23 33125		City & State 28 33/25			6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip	Country	Country Zip Co		/	8. This corporation owes or has paid the	current year l	ntangible
24	25		0		Personal Property Tax due June 30.		□ No
	9. Name and Address of Curren	t Registered Agent		г	10. Name and Address of New Register	ad Algent	
	CLAFANI, BELKIS M		B1	Name			+
1600 NW 38 AVE. MIAMI FL 33125			62	Street A	ress (P.O. Box Number is Not Acceptable)		
			83				
			84		F	· L	o 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							
12.	Signature, typed or printed name of registered age: OFFICERS AND		Registered Ag	ent signature	required when reinstating) DATI ADDITIONS/CHANGES TO OFFICERS A		DE IN 12
TITLE	P\$	DELETE	1.1 TITLE		ADDITIONS/CHANGES TO OFFICERS A	Change	
NAME	SCLAFANI, BELKIS M		1.2 NAME			onango	
STREET ADDRESS	1600 NW 36 AVE.			ADDRESS			
CITY-ST-ZIP	MIAMI FL 33125		1.4 CITY-5				
TITLE	VT	DELETE	2.1 TITLE	51-ZIF		Change	Addition
NAME	144NE 1850 D		2,2 NAME				
STREET ADDRESS	1600 NW 36 AVE.		2.3 STREET ADDRESS				
CITY-ST-ZIP	MIAMI FL 33125		2. 4 CITY-				[
TITLE		DELETE 3.1 Tr				Change	Addition
NAME		!	3.2 NAME				
STREET ADDRESS	<u>;</u>	,	3.3 STREET	ADDRESS			
CITY-ST-ZIP		•	3.4. CITY-	ST-7IP			
TITLE		DELETE	4.1 TITLE			Change	Addition
NAME			4. 2 NAME		•		
STREET ADDRESS			4.3 STREET	ADDRESS			
CITY-ST-ZIP	•		4.4 CITY-5	I - ZiP			
TITLE		DELETE	5.1 TITLE			Change	Addition
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET	ADDRESS			
CITY-ST-ZIP			5.4 CITY - S				
TITLE		DELETE	6.1 TITLE			Change	Addition
NAME			6.2 NAME			-	
STREET ADDRESS			6.3 STREET	ADDRESS			
CITY-ST-ZIP			6.4 CITY-S				
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I hereby certify that the information supplied with this filling 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 eath; 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.

BRILLIS Schatoni, Prosident alaika confisiona