## FILE NOW: FILING FEE AFTER MAY 1 IS \$550,00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Socretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P95000082969 (3)

ALL-TEX TRUCKING, INC.

Principal Place of Business Mailing Address 11120 N. KENDALL DR. 11120 N. KENDALL DR. SUITE 201 Suite 201 MIAMI FL 33178 MIAMI FL 33178-0941 3. Date Incorporated or Qualified 3a. Date of Last Report 10/30/1995 05/01/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0620047 Not Applicable Sulte, Apt. #, etc. Suite, Apt #, ctc \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation has liability for intangible tax under s. 199.032, 24 Yes No 25 29 30 Florida Statutes 9, Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent FRIEDOPFER, ANDY 81 Name 11120 N. KENDALL DR. 82 Street Address (P.O. Box Number is Not Acceptable) SUITE 201 **MIAMI FL 33176** 83 84 City 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) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 18. DELETE Change\_ Addition TITLE 111000 FRIEDOPFER, ANDY NAME 12 NAME 11120 N. KENDALL DR. #201 STREET ADDRESS 1.3 STREET ADDRESS **MIAMI FL 33176** CITY-ST-ZIP 1.4 CITY - S1 - ZIP DELETE TITLE 21 TITLE Change Addition NAME 22 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIE 2.4 City-\$1-2iP DELETE TITLE 3.1 TITLE ☐ Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZiP 3.4 CITY-ST-ZIP DELETE Change TITLE Addition 4.1 TOLE NAME **4.2 NAME** STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME

14. I do hereby certify that the information sumplied 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 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.

6.3 STREET ADDRESS

64 CHY-ST-ZIP

5.3 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE

6.2 NAME

DELETE

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

11-29-07

2077267

Change

Addition

**FILED** 

May 12 1997 8:00am

Secretary of State