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

PROFIT
CORPORATION
ANNUAL REPORT
1997

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000085577 (1)

M & C TRUCKING ENTERPRISES, INC.

Principal Place of Business 150 N.E. 38TH ST. #20 OAKLAND PARK FL 33334		Mailing Address 150 N.E. 38TH ST. #20 OAKLAND PARK FL 33334-1256			
•				3. Date incorporated or Qualified 11/07/1995	3a. Date of Last Report 07/23/1996
2. Principal Pl	ace of Business	2a. Mailing Address 26		4. FEI Number 65-0618522	Applied For Not Applicable
Sulte, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	Э	City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip. 24	Country 25	Zip 29	Country 30		Yes No
L	9. Name and Address of Currer	nt Registered Agent		10. Name and Address of New Re	gistered Agent
150 N.E. 328TH ST.			81 Name 82 Street Add	dress (P.O. Box Number is Not Acceptab	le)
			84 City		FL 85 Zip Code
11. Pursuant i office or re agent. I a	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accopt the oblig	02 and 607.1508, Florida Sta of Florida. Such change w ations of, Section 607.0505	atutes, the above-named cor as authorized by the corpora , Florida Statutes.	poration submits this statement for the pation's board of directors. I hereby accept	urpose of changing its registered of the appointment as registered
SIGNATURE					
12.	Signature, typed or printed name of registered ego	D DIRECTORS	NO1: Registered Agent signature requirements	ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTORS IN 12
TITLE	D	DELETE	1.1 TITLE	ADDITIONS/OFFAITABLE TO OFFICE	Change Addition
NAME	MANZUETA, MARTIN		1.2 NAME	-	
STREET ADDRESS	150 N.E. 38TH ST. #20		1.3 STREET ADDRESS		
CITY-ST-ZIP	OAKLAND PARK FL 33334		1.4 CITY-ST-ZIP		
TITLE		DELETE	2.1 TITLE		Change Addition
NAME			2.2 NAME		-
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP			2. 4 CITY - ST - ZIP		
TITLE		DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY- ST - ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME (4. 2 NAME		
STREET ADDRESS			4 3 STREET ADDRESS		
CITY-ST-ZIP		——————————————————————————————————————	4.4 CITY - ST - ZIP	····	
TITLE		☐ DELETE	5 1 TATLE		☐ Change ☐ Addition
NAME			5 2 NAME	·	
STREET ADDRESS			5.3 STREET ADDRESS		į

6.1 City-st-zip

1. 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 of or an attachment with an address.

5.4 CHTY - \$1 - ZIP

6 1 TITLE

6.2 NAME

DELETÉ

ACL CI Elain

Change

___ Addition

CR2F034 (9/96)

FILED

Apr 28 1997 8:00am

Secretary of State