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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 085577 (1)

FILED Apr 27 1998 8:00am Secretary of State

Mac	TRUCKING ENTERPRISES	S, ING.				
Principal Plac	ce of Business	Mailing Address) INDIADU SID IBIDA DELE DELE GREEF HRIOT COLBI I	OLDA BALOT OTALI LOBIT KERI LOBI
150 N.E. 38T	H ST.	150 N.E. 38TH ST.				
#20 Oakland Pa	IDA EI 99994	#20 OAKLAND PARK FL 333:			DO NOT WRITE IN THI	IC CDACE
ONNERS FF	NIK IL WAR	ONNEARD PARK PE 33334		3. Date Incorporated or Qualified	3 SPAUE	
					11/07/1995	
2. Principal F	Place of Business	2a. Mailing Address			4. FEI Number	Applied For
21		26		65-0618522	Not Applicable	
Suite, Apt.	. #, etc	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional
22 City & Stat	la .	City & State				Fee Required
23		28			6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Z _i p	Country	7	8. This corporation owes or has paid the o	
24	25	29	30		Personal Property Tax due June 30.	Yes No
	g. Name and Address of Curr	ent Registered Agent			10. Name and Address of New Registers	d Agent
	INZUETA, MARTIN		81	Name		
	0 N.E. 328TH ST.		82	Street Ac	ddress (P.O. Box Number is Not Acceptable)	· · · · · · · · · · · · · · · · · · ·
#2	· ·		83			W-1/4
ŲA	KLAND PARK FL 33334		63			
			84	City	F	85 Zip Code
office or agent. I a	registered agent, or both, in the Sta am familiar with, and accept the obl Stgnature typed or printed parts of registered a				orporation submits this statement for the purpose ration's board of directors. I hereby accept the a	ppointment as registered
12.	OFFICERS A	ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12
TITLE	D	☐ DELETE	1 1 TITLE			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	FT or ere	1.4 C(TY - S	ST-ZIP		
TITLE		☐ DELETE →	2.1 TITLE			Change Addition
NAME OTREET ADDRESS			2.2 NAME			
STREET ADDRESS CITY-ST-ZIP			2.3 STREET		· Al	
TIFLE	<u> </u>	DELETE	2. 4 CITY+5 3.1 TITLE	SI-ZIP		Change Addition
NAME						
STREET ADDRESS			3.2 NAME 3.3 STREET	ADDRESS		
CITY-ST-ZIP			3.4. CITY-5			
TIFLE	DELETE		4.1 TITLE			Change Addition
NAME			4.2 NAME			
STREET ADDRESS			4.3 STREET	ADDRESS		
CITY-ST-ZIP			4.4 CITY-S	T-ZIP		······· <u></u>
TITLE		☐ DELETE				Change Addition
NAME			5.2 NAME	1		
STREET ADDRESS			5.3 STAEET	ADDRESS		
CITY-ST-ZIP		The state	5.4 CITY-S	T-ZIP		
TITLE		DELETE	6.1 TITLE			Change Addition
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET	ADDRESS		
City. St. 74D			CACITY D			

14. Thereby 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 turnovered to procula his report as required by Chapter 607, Florida Statutes; and that my name appears in

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