## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sanora B. Mortham Secretary of State DIVISION OF CORPORATIONS

1990	)

,	MENT # P950( S. TRUCKING CORPORA	ATION						
Principal Place	of Business	Mailing Address			···-	<b>        </b>		
16 FISHERMA KEY LARGO I		16 FISHERMAN TR KEY LARGO FL 33						
					3. Date Incorporated or Qualified 12/15/1995	3a. Date	of Last R	seport
·n ·	ice of Business	2a. Mailing Address			4. FEI Number	L		Applied For
Cuito Ant A	II aka	26			65-0629606			Not Applicable
Suite, Apt. #	F, etc.	Suite, Apt. #, etc	-		5. Certificate of Status Desired			Additional
City & State		City & State			6. Election Campaign Financing			Required
]		23			Trust Fund Contribution			<b>0</b> May Be
Zip	Country	Zip	Country	, ,	8. This corporation has liability for	r intangible ta		
<u> </u>	25	29	30		Florida Statutes Ye	s <b>⊡</b> Mo		
	9. Name and Address of Curr	ent Registered Agent	81	Name	10. Name and Address of New	Registered /	Agent	
CADOIA	HERMES		81	INSTITE				
	ERMAN TRAIL		82	Street Addr	ess (P.O. Box Number is Not Accepta	ible)		
	IGO FL 33037		83	<b></b>		· · · · · · · · · · · · · · · · · · ·		
1121 22	.40 ( 2 3030)							
			84	City		FL	85 Zi	p Code
or registere familiar with	of the provisions of Sections 607.05 ed agent, or both, in the State of Fic h, and accept the obligations of, Se	02 and 607.1508, Florida Sta orida. Such change was auth oction 607.0505, Florida Statu	atutes, the above- lorized by the corp utes.	named corpor poration's boar	ation submits this statement for the pure of directors. I hereby accept the app	urpose of cha pointment as	ingling its r registered	registered offi Lagent. Lam
ignature:	Signature, typed or printed name of registered ago OFFICERS A		atutes, the above- lorized by the computes.  (NOTE Registered Age)			CATE		
IGNATURE	Signature, typed or printed name of registered ago OFFICERS A PD	en tanditteria gécable	(NOTE: Registered Ago		d when reinstaring)	DATE FICERS AND		
IGNATURE:	Signature, typed or priside name of registered and OFFICERS A PD GARCIA, HERMES	ont and the life speciable	(NOTE: Registered Ago 13, 1.1 TITLE 1.2 NAME	nt signature required	d when reinstaring)	DATE FICERS AND	DIRECTO	DRS IN 12
GNATURE:	Signature, typed or printed name of registered and OFFICERS A PD GARCIA, HERMES 16 FISHERMAN TRAIL	ont and the life speciable	(NOTE Registered Ages 13, 1.1 TifLE 1.2 NAME 1.3 STREET	nt signature required	d when reinstaring)	DATE FICERS AND	DIRECTO	DRS IN 12
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SIGNATURE:

SIGNATURE AND TYPED OR PRIFTED NAME OF SIGNING OFFICER OR DIRECTOR

HERMES GARCIA

4/26/96

Date Coyline Ptions #