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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

**DOCUMENT #** 1. Corporation Name

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

21

22

23

24

Zip

P96000023845

C&C Trucking Services, Inc.

26

27

28

29

Zip

Registered Agent

Principal Place of Business 2030 Prairie Avenue Miami Beach, FL 33139

Country

25

Mailing Address

2a. Mailing Address

City & State

Suite, Apt. #, etc.

2030 Prairie. Avenue Miami Beach, FL 33139

## May 06, 1999 8:00 am Secretary of State

05-06-1999 90019 018 \*\*\*150.00

	4987068-900	79 - 18 *
	DO NOT WRITE IN	THIS SPACE
3.	Date Incorporated or Qualifed	
4.	FEI Number	Applied For
	65-0649727	Not Applicable
5.	Certificate of Status Desired	\$8.75 Additional Fee Required
€.	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
8.	This corporation owes the current ye	ear Intangible

□No

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**■** :[14

Personal Property Tax.

10. Name and Address of New Registered Agent

9. Name and Address of Content Registeres 1.5 mm			
	81	Name	
Carmen Gonzalez 2030 Prairie. Avenue Miami Beach, FL 33139	82	Street Address (P.O. Box Number is Not Acceptable)	
Miami Beach, FL 33151	83		
	84	FL	85 Zip Code
<ol> <li>Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the a office or registered agent, or both, in the State of Florida. Such change was authorize agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statute.</li> </ol>	uby		anging its registered nent as registered

Country

30

Wermen! SIGNATURE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. Addition ☐ Change DELETE 1.1 TITLE TITLE Carmon Gonzalez 12 NAME NAME 2030 Prairie Avenue 1.3 STREET ADDRESS STREET ADDRESS Miami Beach, FL 33139 1.4 CITY-ST-ZIP CITY-ST-ZIP Addition [] Change ☐ DELETE 2.1 TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2. 4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 34. CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition DELETE 4.1 TITLE TITLE 4.2 NAME NAME 4.3 STREET ADORESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-7IP Change Addition DELETE 5.1 TITLE TITLE 52 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ DELETE 6.1 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP

14. I 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 on an attachment with an address with all other like empowered.

SIGNATURE:

Corner Conzalez - tresident