

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

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May 13 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # P96000025105  
1. Corporation Name ALLSTATE TRUCKING, INC

Principal Place of Business: 2825 SW 92 PLACE MIAMI FL 33165  
Mailing Address: 2825 SW 92 PLACE MIAMI FL 33165

3. Date Incorporated or Qualified: March 21, 1996  
3a. Date of Last Report

2. Principal Place of Business: 2825 SW 92 PLACE  
2a. Mailing Address: 2825 SW 92 PLACE

4. FEI Number: 05-0646358  
Applied For: Not Applicable

22. Suite, Apt. #, etc.

5. Certificate of Status Desired:  \$8.75 Additional Fee Required

23. City & State: MIAMI FL

6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees

24. Zip: 33165 Country: DADE

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ARNANDO LOPEZ  
2825 SW 92 PLACE  
MIAMI FL 33165

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code

11. Pursuant to the provisions of Sections 607.0507 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] DATE: 4-29-97

Table with 12 rows and 2 columns: OFFICERS AND DIRECTORS. Includes fields for Title, Name, Street Address, City, St, Zip. Entries for Arnando Lopez and Liliana Lopez.

Table with 13 rows and 2 columns: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. Includes fields for 11-13 Title, 12-13 Name, 13-14 Street Address, 14-15 City-St-Zip, 21-24 Title, Name, Street Address, City-St-Zip, 31-34 Title, Name, Street Address, City-St-Zip, 41-44 Title, Name, Street Address, City-St-Zip, 51-54 Title, Name, Street Address, City-St-Zip, 61-64 Title, Name, Street Address, City-St-Zip.

14. 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, or on an attachment with an address.

SIGNATURE: [Signature] DATE: 4-29-97 DAYTIME PHONE #: (305) 1220-1501

CR2E034 (9/96)